MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

0 Do not use this space.

28632

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2240 Hebert St. ..... Ward)

File No. .....

Registered No. 8165

2. FULL NAME James C Birmingham

(a) Residence. No. 2240 Hebert St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Birmingham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Pullman Shops
(c) Name of employer Pullman Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O'Fallon Mo

PARENTS

10. NAME OF FATHER Patrick Birmingham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Brilaidgen

12. MAIDEN NAME OF MOTHER Alice Reagen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Anna Birmingham
(Address) 2240 Hebert St

15. FILED SEP 11 1927 Max C Starkoff REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927, to Sept 13, 1927 that I last saw him alive on Sept 10, 1927, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 Chronic diffuse nephritis

93C 1290

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? nonalgic or heart E.

(Signed) William T Hirsche, M. D

9/14, 1927 (Address) 3500 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	9/16 1927
20. UNDERTAKER	**ADDRESS**
Meek and Dickman	3039 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD