

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

Do not use this space.

2991

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo.

(No. Lutheran Hospital)

File No. 1 591

Registered No. 1 591

St. Ward

2. FULL NAME

Leo Birkenmeier Jr.

(a) Residence. No. 4653 Michigan St., 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 - 1928

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, 10 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Leo Birkenmeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Galle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

14. INFORMANT Leo Birkenmeier
(Address) 4653 Michigan Ave.

15. FILED 17 1928 Marie Starkeff
19..... Registrar

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 14 - 1928

17. I HEREBY CERTIFY That I attended deceased from 1-14 to 1-14 1928 that I last saw h. UMA alive on 1-14, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Prematurity
161A
(duration) yrs. mos. da.

CONTRIBUTORY atalectasis pulmonum
(SECONDARY) 161A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Chas. D. Magee, M. D.
1/16, 1928 (Address) 4474^a Shaw

*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 S. S. Peter + Paul Cem. DATE OF BURIAL Jan. 17 - 1928

20. UNDERTAKER Ziegenhein Bros. 2623 Chestnut St.
ADDRESS

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.

