APR 30 1930

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

Do not use this space.

10179

1. PLACE OF DEATH
County St. Louis, Mo. Registration District No. 1123
Township Carondelet Primary Registration District No. 6148 B, File No. Registered No. 84
City Jefferson Barracks, Mo. U.S. Veterans' Hospital, Jefferson Brks, Mo. (Ward)

2. FULL NAME Eustace G. Bird.
(a) Residence. No. 907-A Baugh Ave. St., Ward.
(Usual place of abode) E.St.Louis, Ills. (If nonresident give city or town and State)
Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Marcella Bird.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.11,1886

7. AGE: Years 43 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Unavailable.~~ Auto Sales
(c) Name of employer Unavailable.

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

PARENTS

10. NAME OF FATHER Charles A. Bird.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerseyville,
(STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Anna Eustace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St.Louis,
(STATE OR COUNTRY) Missouri.

14. INFORMANT C.H.Smith, Clinical Director.
(Address) U.S.Veterans Hospital
Jefferson Barracks, Mo.

15. FILED 3/27, 1930 L.C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from February 27, 1930, to March 21, 1930, that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 9:45 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, chronic Far Advanced Active.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.
(Signed) W.C.Gibson, Medical Officer in Charg, M.D.
, 19 (Address) U.S.Veterans Hospital
Jefferson Barracks, Mo.

*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 Calvary Cem. | DATE OF BURIAL 3/24 1930
20. UNDERTAKER Chas. Burke | ADDRESS E St. Louis Ill

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.

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