WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

8629

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St Louis (No. City Hospital ..... St. ..... Ward)

File No. 2031

Registered No. 17516

2. FULL NAME George B Birdwell

(a) Residence, No. 4481 Forest Park St. Ward. 19

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 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~~ Jane Birdwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1881

7. AGE: Years 51 | Months 9 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo.

FATHER

13. NAME George Birdwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Elizabeth Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Versailles Mo DATE 2-28 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4428 Lindell

20. FILED FEB 28 1933 Wm C Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1933, to Feb. 27th 1933

I last saw him alive on Feb. 27th 1933. Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Heart Disease - Chronic Myocarditis	
Luetic Aortitis	
Carcinoma of Head of Pancreas	
Metastasis to Liver	

Other contributory causes of importance:

C.N.S. Lues

~~Luetic Aortitis~~

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. McCalman M. D.

(Address) City Hospital

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