

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 121File No. 26874

Township " "

Primary Registration District No. 3009Registered No. 224City Cape Girardeau

(No.)

St. Francis Hospital

St.

Ward)

2. FULL NAME Albert Henry Birk(a) Residence, No. 529 S. Ellis St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OFCarline Birk6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1886

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.50710

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Shoe Worker9. 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)

Jackson

(STATE OR COUNTRY)

Mo.

FATHER

13. NAME

John Birk

14. BIRTHPLACE (CITY OR TOWN)

Mine La Motte

(STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Kathine Auftenberg

16. BIRTHPLACE (CITY OR TOWN)

Tilset, Mo.

(STATE OR COUNTRY)

17. INFORMANT

Carline Birk

(ADDRESS)

Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE July 25th, 37

19. UNDERTAKER

Lorberg F. & U. Company

(ADDRESS)

Cape Girardeau20. FILED 7-23-371937J. M. Simpson

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 19 3722. I HEREBY CERTIFY, That I attended deceased from
5-10 1937, to 7-23 1937I last saw him alive on 7-23 1937. Death is saidto have occurred on the date stated above, at 10:05 pm

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

Exophthalmic GoiterDate of onset
2-5-37Other contributory causes of importance:
Thyrotoxicosis7722-37Name of operation Thyroidectomy Date of 7-22-37What test confirmed diagnosis? Basal Met Was there an autopsy? No23. 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?

If so, specify.....

(Signed) P. A. Ritter M. D.(Address) Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

