

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

8843
Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2021 1/2 S. 9th**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Conrad Birong 652**

(a) Residence, No. **2021 1/2 S. 9th** St. **23** (If nonresident, give city or town and State)

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 **Katherine Birong**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25/1858**

7. AGE YEARS **79** MONTHS **10** DAYS **14** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
 9. Industry or business in which work was done, as saw mill, bank, etc. **retired**
 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) **Hungary**

FATHER 13. NAME **Mathias Birong**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

MOTHER 15. MAIDEN NAME **Theresa Bettendorf**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT (ADDRESS) **Katherine Birong 2021 1/2 S. 9th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Bur Ph.** DATE **3-12-38**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Brody & Co. 2929 S. Jefferson Ave.**

20. FILED **MAR 11 1938 J. B. Brebeck Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 9 1938**

I HEREBY CERTIFY That I attended deceased from **Mar 7 1938**, to **March 9 1938**
 I last saw him alive on **March 8 1938** at **9:20** m. Death is said to have occurred on the date stated above, at **9:20** m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset **3-2-**

Other contributory causes of importance:
Arteriosclerosis
 June 37

Name of operation **none** Date of.....
 What test confirmed diagnosis? **Body Res.** 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?
 If so, specify **W. J. Schiavone**, M. D.
 (Signed) **W. J. Schiavone** (Address) **3758 Lafayette**

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.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

..... L. E.
No. 3472 or by Registered Apprentice No.
working under my personal supervision.

Signed Paul A. Shanklin
Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)