

RECEIVED MAR 13 1939

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

5144  
Do not use this space.

1. PLACE OF DEATH

(a) County 21 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City 1055 (d) Street No. 2240 HEBERT ST Registered No. 1837  
(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 ANNA BIRMINGHAM

(a) Residence, No. 2240 HEBERT ST St. 20  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 22, 1869

7. AGE YEARS 69 MONTHS 5 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER 13. NAME PETER RALSER

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. L. KRAUSE  
(ADDRESS) 2634 N. 22, ST

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY FEB. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodhart & Goodhart  
222 1/2 1st Ave

20. FILED: 26 1939 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jun 15, 1939 to Feb. 23, 1939  
I last saw her alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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) Anthony A. Piekarski, M. D.  
(Address) 75 1/2 W. Cass Ave

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
*Harley Goodhart*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harley Goodhart*  
Licensed Embalmer No. *2777*  
P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**