

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St Louis mo
(b) City or town St Louis mo
(c) Name of hospital or institution 5032^a Northland Ave
(d) Length of stay: In hospital or institution 49 years
In this community 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County L
(c) City or town St Louis
(d) Street No. 5032^a Northland Ave
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ROBERT W. BIRA, 607
(b) If veteran, name war no
(c) Social Security No. 494-05-2307

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Bira
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 29 1890

8. AGE: Years 49 Months 5 Days 15
If less than one day hr. _____ min. _____

9. Birthplace St Louis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Steele-Hibbert Lumber Co

12. Name Stephen Bira
13. Birthplace Ill.
14. Maiden name Julia Slattery
15. Birthplace Ill.

16. (a) Informant's own signature Catherine Bira
(b) Address 5032^a Northland

17. (a) _____ (b) Date thereof 11 15 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edw. F. Howard
(b) Address 1495^a St Louis Ave

19. (a) NOV 14 1939 (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1939 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 4-12-1932 to 11-12-1939
that I last saw him alive on 11-12-1939
and that death occurred on the date and hour stated above.

Immediate cause of death Concomitant of kidney
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature W N White (M. D. or other) _____
Address 2803 Kingshighway Date signed 11-13-39

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.

I 1931

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert G. Koffe*

Licensed Embalmer No. *2971*

P. O. Address.....

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.

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