

FILED DEC 27 1944

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10508

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo-28 days Memorial
(Specify whether years, months or days)
 In this community 65 Years (1)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6454 O'Dell Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country (1)

3. (a) PRINT FULL NAME

Mary Birkicht

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 21 hr. min.

9. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

12. Name Christian Birkicht

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walters

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Adaline Birkicht

(b) Address 6454 O'Dell Ave.

17. (a) Motor (b) Date thereof 12/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2501 Lafayette

19. (a) DEC 9 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
 year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/14/44
 _____, 19____, to Dec. 8th, 1944
 that I last saw her alive on Dec. 8th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

malnutrition
162

Due to _____

Due to _____

Other conditions Senile psychosis - simple deterioration
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

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?
(Specify type of place)

While at work? _____ (a) Means of injury (1)

23. Signature Ellis S. Lepart (M. D. or other) _____
 Address 1515 Lafayette Date signed 12/8/44

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, fact should be so stated above.