

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 107224

Registrar's No. 107224

FILED **DEC 21 1945**
Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
1 Day

(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
2477

(d) Street No. 3248a Nebraska Ave. (If rural, give location)
9

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BIRKENBACH
WILLIAM BIRKENBACH

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. 488-09-9544

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1945 hour 1 minute 20 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Bella 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 26 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 1945 to Dec 7 1945
that I last saw him alive on Dec 7 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death my
mental collapse

Duration 1 yr

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Oiler

11. Industry or business Falstaff Brewery

Major findings: Of operations _____

Of autopsy _____

12. Name William Birkenbach

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

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

16. (a) Informant Virginia Bella Birkenbach
(b) Address 3248a Nebraska Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(a) Burial Burial (b) Date thereof Dec. 11, 1945
(Month) (Day) (Year)

Place: burial or cremation Sunset Burial Park

(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? _____

(a) Signature of funeral director Walter Helde
Address 3634 Gravois Ave.

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

(a) DEC 11 1945 (Date received from registrar)

(b) J. F. Buresch (Registrar's signature)

23. Signature at S. Fyne (M. D. or other) _____
Address 15030 Date signed 7/25

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

MOTHER FATHER

Case by 11-23-45

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 Frank J. Paul

Licensed Embalmer No. 9675

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

389234

State of }
County of } ss.

State File No.
Local Registrar's No. ¹⁵
10774

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
William Ingo Berkenbach died *12-8* 19*45* in the State of
born
Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. *3* should read *William Ingo Berkenbach*

Instead of *William I* "

Item No. *6* should read *Virginia Bell*

Instead of *Belle*

Item No. *16^a* should read *Virginia Bell Berkenbach*

Instead of *Belle* "

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Virginia Bell Berkenbach* ^{Def.}
Relationship.

3248^a Nebraska
Present Address.

Subscribed and sworn to before me this *7* day of *Oct*, 194*8*

My Commission expires *3-4-49.* *Eva C. Padon* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

