

No. 2
M-5-43
5-17-39
I X36671

FILED MAR 20 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2384

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 4 mos. 15 ds.
(Specify whether years, months or days)

In this community 65 yrs.

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. 2316 S. 18th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME MAX BIRKENMEIER

3. (b) If veteran, name war No

3. (c) Social Security No. 486-12-9279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 2.15 minute P M.

21. I hereby certify that I attended the deceased from Nov. 1st, 1945,
March 8, 1946;
that I last saw him on March 8, 1946;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Anna Birkenmeier

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

7. Birth date of deceased April 27 1874
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis 1944x

Due to Arteriosclerosis, generalized

Due to _____

Other conditions 10 yrs. x.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

71 10 11 _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Friedlon Birkenmeier

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Theresa

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant T. Sengler

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 3/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

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? _____

18. (a) Signature of funeral director Oscar Hoffmeister

(b) Address 4016 Chippewa

19. (a) MAR 12 1946 (b) P. F. Brenck
(Date received local registrar) (Registrar's signature)

23. Signature Cyrus Pachter (M. D. or other) O.M.D.

Address 5400 Arsenal Date signed 3/9/46

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

0818

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 *John Agonovski*
Licensed Embalmer No. *3398*
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, fact should be so stated above.