

No. 2
1-543
5-17-39
I X36671

FILED MAY 2 1946

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington

(c) Name of hospital or institution:
St. Francis Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day

In this community 1 day

(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Birmingham

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband Thomas Birmingham

6. (c) Age of husband 33 if alive deceased years

7. Birth date of deceased Mar. 3rd, 1877

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>9</u>	hr. min.

9. Birthplace Vienna, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business X

12. Name John Connor

13. Birthplace Mary's County, Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cowan

15. Birthplace Mary's County, Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Lake

(b) Address 3920 Gustine, St. Louis, Mo.

17. (a) Burial (b) Date thereof Apr. 15, 1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director Carl Birmingham

(b) Address Vienna, Mo.

19. (a) Apr 13/1946 (b) [Signature]

(Date received local registrar) (Registrar's signature)

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. 2015 McNair St.

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th, year 1946 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from 4/11/46 to 4/11/46, 1946, that I last saw her alive on 4/4/46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery thrombosis

Duration

Due to arteriosclerosis

Due to _____

Other conditions _____

(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? _____

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

23. Signature [Signature] (M. D. or other)

Address Washington Mo. Date signed 4/24/46

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

11664

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-1-46

SEP 3 1952

MAY 17 1946

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 me

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

Signed [Signature]

Licensed Embalmer No. 2387

P. O. Address Washington Sm

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.