

S. No. 2
DM-5-43
v. 5-17-39
I X38571

State File No. _____

FILED JUN 24 1946
Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1304

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME KENNETH BIRKE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 June 16, 1946
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William C. Birke

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

14. Maiden name Mildred Eckstein

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

16. (a) Informant William C. Birke

(b) Address 5734 Enner Ave. Jennings

17. (a) Burial (b) Date thereof 6/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blyd.

19. (a) 6-18-46 (b) E. J. McDevan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5734 Enner Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 16, 1946 to June 16, 1946
that I last saw her alive on June 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Strangulation
Bronchial obstruction

Due to _____

Due to 1602

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(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 _____ (Specify type of place)

(a) Cause of death _____ (b) Means of injury _____

23. Signature Gene J. Pugh (M. D. or other) _____
Address 6125 Bunker Date signed 6/17/46

Dr. Freese & Scully

6125 Radburn, 10-11

C.A. 5187

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.

Not Embalmed.

Signed

Frank A. Moore

Licensed Embalmer No. 3046

P. O. Address 2117 E. 1st

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.