

No. 2
12-45
-17-39
X47070

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Hospital **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... **020**
 (c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4420a Pennsylvania Ave. **9**
15 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) **0**
 If yes, name country.....

3. (a) PRINT FULL NAME Joseph J. Birkenmeier
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 489-03-7903

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
 year 1947 hour 3 minute 15A. M.

4. Sex Male **0** 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sophia
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Feb. 1 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1947, to Dec 26, 1947.
 that I last saw h. in alive on 12-26-47, 1947,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>25</u>	hr. min.

Immediate cause of death Coronary Thrombosis
 Due to Hypertension **10 day years**

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Due to.....
 Other conditions.....
(Include pregnancy within 5 months of death)

11. Industry or business.....
 12. Name Joseph J. Birkenmeier
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harold Birkenmeier
 (b) Address 4420a Pennsylvania Ave.
 17. (a) Burial (b) Date thereof 12/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? **0**

(c) Place: burial or cremation SS Peter & Paul Cem.
 18. (a) Signature of funeral director Walter Aldrete
 (b) Address 3634 Gravois Ave.

While at work?..... (Specify type of place)
 Means of injury.....
 23. Signature John A. Dawson (M. D. or other) **MD**
 Address 3325 S. Grand Date signed 12/26/47

19. (a) DEC 27 1947 J. F. B...
(Date received local Registrar's signature)

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

MOTHER FATHER

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. Ward*
Licensed Embalmer No..... *2675*
P. O. Address..... *St Louis Mo*

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.