

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2521 Oakland
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary C. Birdsong
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex F / race W
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Silas Birdsong
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 21, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 11 27 hr. min.

9. Birthplace Gasconade Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Ransom Mahaney
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Easter Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ina E. White
(b) Address 2521 Oakland
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12-21-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Belle, Missouri

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7496 Manches
19. (a) 12-19-47
(Date received local registrar) (b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Belle
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1947 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 14, 1947, to Dec 18, 1947.
that I last saw him alive on Dec 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to 930
Due to _____
Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death) years

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause of 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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Vincent F. Gounaud (M. D. or other) MD
Address 3101 Sulton Ave Maplewood Mo Date signed 12-19-47

WRITE PLAINLY—USING 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.....

A. Burgess

Licensed Embalmer No. 4029

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.