

FILED MAY 27 1948

Registration District No. **53**

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(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 8 days
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girard
(c) City or town Cape Girardeau **16**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. 1019 S. Sprigg **4**
(If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Margaret Birk

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman J. Birk 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 28, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 18 hr. min.

9. Birthplace unknown Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business --

MOTHER FATHER { 12. Name Peter Heger
13. Birthplace unknown Austria
(City, town, or county) (State or foreign country)
14. Maiden name Barbera Reimshierd
15. Birthplace unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Herman J. Birk
(b) Address 1019 Sprigg St.

17. (a) burial (b) Date thereof 5/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director M. G. ...
(b) Address Cape Girardeau
19. (a) 5-21-48 (b) Cal ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from 5-10 to 5-17 1948
that I last saw him alive on 5-17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis **OK**
Due to _____

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93%
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) _____
(c) _____
23. Signature Cal ... (M. D. or other) **no**
Address Cape Girardeau Date signed 5/19/48

RECEIVED

District Health Officer No. 4

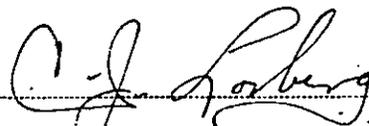
District File Number 548-627

Date Filed 5-26-48

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



Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.