

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18048**  
Registrar's No. **1892-192**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>1892-192</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>000</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch (rural)</b>		c. LENGTH OF STAY (in this place) <b>128 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 9			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2216 Delmar (rear)</b>					
3. NAME OF DECEASED (Type or Print) <b>Alberta</b>			a. (First)		b. (Middle) <b>-</b>		c. (Last) <b>Birdsong</b>		
4. DATE OF DEATH <b>May 12 1949</b>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>		8. DATE OF BIRTH <b>8-12-22</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		9. AGE (In years last birthday) <b>26</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baird, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Larry Moore</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Woods</b>			14. NAME OF HUSBAND OR WIFE <b>Terry Birdsong</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>???</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records, Robt. Koch Hosp.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>002X</b> <b>136</b>				INTERVAL BETWEEN ONSET AND DEATH <b>???</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1-4-</b> , 1949, to <b>5-12-</b> , 1949, that I last saw the deceased alive on <b>5-12-</b> , 1949, and that death occurred at <b>12:40m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Harold G. Russell M.D.</b>				23b. ADDRESS <b>Robert Koch Hospital</b>		23c. DATE SIGNED <b>5-12-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>May 18, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-14-49</b>		REGISTRAR'S SIGNATURE <b>Harold G. Russell M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wade Gronberg 4202 Finney</b>					

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

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

~~Student Embalmer No.~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leroy H. Pannister*

Licensed Embalmer No.

*4523*

P. O. Address

*3880 Easton Ave*

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.

*2/10/10 D. P. H. 81 page*

*with name recorded at 11/2*