

STANDARD CERTIFICATE OF DEATH

State File No. **20784**
Registrar's No. **5932**

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		d. STREET ADDRESS (If rural, give location) 4549 Garfield Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Birdsong		4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 49	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-6-1867
9. AGE (in years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carman		10b. KIND OF BUSINESS OR INDUSTRY I.C. RR	11. BIRTHPLACE (State or foreign country) Giles County, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Magnolia Birdsong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Bertha Rhodes		ADDRESS 4549 Garfield	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subdural Hematoma; when he fell down a flight of steps at his home, on 1st, 1949, about 9:00 o'clock P.M. INTERVAL BETWEEN ONSET AND DEATH July ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACCIDENT. DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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) 83a		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter P. ...</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/18/49		23d. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis, Mo.		23f. DATE REC'D BY LOCAL REG. JUL 7 1949	
REGISTRAR'S SIGNATURE <i>J. B. Rasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co.	
ADDRESS 2732 Pine Blvd.		(Licensed Embalmer's Statement on Reverse Side)	

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

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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 *Frank Young*

Licensed Embalmer No. *33718*

P. O. Address *St. Louis*

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.