S. No. 300
Rev. 10.48

FILED JAN 13 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 11069

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5731 Winona

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2149
d. STREET ADDRESS (If rural, give location): 5731 Winona

**3. NAME OF DECEASED** (Type or Print)
a. (First): HENRY
b. (Middle): FREDERICK
c. (Last): BIRKENSTOCK

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 25 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 19, 1898
**9. AGE** (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Manager-Community
**10b. KIND OF BUSINESS OR INDUSTRY**: Appliance Store
**11. BIRTHPLACE** (State or foreign country): Tamalco, Ill.
**12. CITIZEN OF WHAT COUNTRY?**
**13a. FATHER'S NAME**: Louis Birkenstock
**13b. MOTHER'S MAIDEN NAME**: Caroline Harter
**14. NAME OF HUSBAND OR WIFE**: Hattie Birkenstock
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Hattie Birkenstock 5731 Winona

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

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.* —

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): no
**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

4201

22. *I hereby certify that I attended the deceased from* 12-24, 1950, *to* 12-25, 1950, *that I last saw the deceased alive on* 12-25, 1950, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Bernard Block (Degree or title): M.D.
**23b. ADDRESS**: 3831 So. Grand St. Louis 18, Mo.
**23c. DATE SIGNED**: 12-26-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal (Mtr)
**24b. DATE**: Dec. 27, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Auburn Cemetery
**24d. LOCATION** (City, town, or county) (State): Greenville, Ill.

DATE REC'D BY LOCAL REG.: DEC 26 1950
REGISTRAR'S SIGNATURE: J. B. Pruner
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.**