

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13116**  
**3035**

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>		c. CITY OR TOWN <b>TAMORA</b>	
c. LENGTH OF STAY (in this place) <b>13 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Childrens Hosp.</b>		STREET ADDRESS (If rural, give location) <b>RURAL Route #2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>KAREN</b>	b. (Middle) <b>SUE</b>	c. (Last) <b>BIRD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 4 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 17, 1954</b>	9. AGE (to year last birthday) IF UNDER 1 YEAR: Months <b>6</b> Days <b>18</b> IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City, and State or Foreign Country) <b>Pinkneyville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Herschel Bird</b>	13b. MOTHER'S MAIDEN NAME <b>Heine</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. Donahoe</b>	ADDRESS <b>500 S. Kings Highway</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Influenzal meningitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 Wks.</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>3400</b>
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22. I hereby certify that I attended the deceased from **MAR. 23, 1955**, to **Apr. 4, 1955**, that I last saw the deceased alive on **Apr. 4, 1955**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. Donahoe</b> (Degree or title) <b>MD.</b>	23b. ADDRESS <b>Childrens Hospital</b>	23c. DATE SIGNED <b>4-4-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-4-55</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Pinckneyville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>APR 4 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MD.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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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.....  
Signature of Student Embalmer

Signed..... *John L. Denne*  
Licensed Embalmer No..... 41  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. --  
If this body is not embalmed, fact should be so stated above.