

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19877

318

1003

Registrar's No. 5290

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. LOUIS CITY HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>23 1918 SENATE ST</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u>		b. (Middle) _____		c. (Last) <u>BIRNSTILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16, 1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 25, 1882</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - BREWER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BUSCH BREWERY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUNGARY</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>									
13a. FATHER'S NAME <u>JOSEPH BIRNSTILL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MECHSER</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE BIRNSTILL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-05-0976</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Birnstill 1918 Senate</u>					
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) <u>Carcinoma of Lung & widespread Metastasis</u> 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.				INTERVAL BETWEEN ONSET AND 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) _____					
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? <u>163x</u>					
22. I hereby certify that I attended the deceased from <u>6-6-55</u> , to <u>6-16-55</u> , 19____, that I last saw the deceased alive on <u>6-16-55</u> , 19____, and that death occurred at <u>5:40P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edgar B. Carter MD</u>				23b. ADDRESS <u>1515 Lafayette</u>		23c. DATE SIGNED <u>6-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
DATE RECD BY LOCAL REG. <u>JUN 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McThomas Kutis 2906 Harris</u> (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.....
Signature of Student Embalmer

Signed *Home C. Dill*.....

Licensed Embalmer No. *434*
P. O. Address *2906 Gra*

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.