

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14462
State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3789

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital.		e. STREET ADDRESS (If rural, give location) 26 1310a Wright St. 2269	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) D. c. (Last) Bird		4. DATE OF DEATH (Month) (Day) (Year) April 15 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 1 1907
9. AGE (In years last birthday) 49		10. F UNDER 1 YEAR : Months Days F UNDER 2 yrs. : Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Bird		13b. MOTHER'S MAIDEN NAME Essie Schaeffer	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 7		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Bird 1310a Wright St.	
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 INTERVAL BETWEEN ONSET AND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wound of abdomen; occurred when shot with gun in hands of one, Sgt., Valenti, during a fight in tavern at 211 No Grand Ave., about 11:20 pm April 14, 1956, in the performance of official police duty. 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	
20a. PLACE OF INJURY (e.g., about home, factory, street, office bldg., etc.) Tavern		20b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 14 56 11:20 pm		21b. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []	
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 1202A m., from the causes and on the date stated above.		23. ADDRESS 1300 Clark	
24a. SIGNATURE Joseph M. Sullivan (Deputy Registrar)		24b. DATE SIGNED 4/17/56	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 4/14/56	
25c. NAME OF CEMETERY OR CREMATORY Calvary		25d. LOCATION (City, town, or county) (State) St. Louis Mo.	
26. DATE REC'D BY LOCAL REG. APR 17 1956		27. REGISTRAR'S SIGNATURE J. Carl Smith MO	
28. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.		28. ADDRESS 2849 N. Euclid Ave.	

(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, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert H. Kell*

Licensed Embalmer No. *30*

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.