MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027563
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1978

AMENDED

FILED JUL 19 1961

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Berkley
Length of stay in 1b: 2 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8441 Alder
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St.Louis
c. CITY OR TOWN: Berkley
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8441 Alder
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MARY Middle: ELLA Last: BIRNEY
4. DATE OF DEATH: Month: July Day: 15 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/26.1875
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): Balard Co,Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Watwood
13b. MOTHER'S MAIDEN NAME: Sally Edwards
14. NAME OF HUSBAND OR WIFE: Charles C.Birney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
17. INFORMANT: Mrs Maurine B.Spann
Address: 7222 Princeton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pernicious Anemia; ? G-I tract cancer, uncertain
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1955, to present and last saw her/him alive on 7-7-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): O.W. Maxwell MD
22b. ADDRESS: 4500 Olive St
22c. DATE SIGNED: 7/15/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Auto)
23b. DATE: 7/17/61
23c. NAME OF CEMETERY OR CREMATORY: Wycliff Cemetery
23d. LOCATION (City, town, or county) (State): Wycliff,Kentucky
24. FUNERAL DIRECTOR: Berbling Funeral Home
ADDRESS: Cairo,Illinois
25. DATE RECD. BY LOCAL REG.: 7-14-61
26. REGISTRAR'S SIGNATURE: John C. Mayfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 J. Allen Ramey Jr.

Licensed Embalmer No. 4953

P. O. Address

July 15-1961

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.