

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42016

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **11042**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2112 South 11th Street</b>		d. STREET ADDRESS (If rural, give location) <b>2112 South 11th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Birlew</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1950</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>married</b>	8. DATE OF BIRTH <b>Jan. 24, 1877</b>	9. AGE (In years last birthday) <b>73</b> # UNDER 1 YEAR Months # UNDER 11 HRS. Days # UNDER 1 MIN. Hours # UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) <b>Shannon Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jasper Mayberry</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Barnes</b>	14. NAME OF HUSBAND OR WIFE <b>William H. Birlew</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>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William H. Birlew</b>	ADDRESS <b>2112 S. 11th St.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  <b>3 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Rheumatoid Arthritis</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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>752.0</b>
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22. I hereby certify that I attended the deceased from **Aug 29, 1950**, to **Dec 23, 1950**, that I last saw the deceased alive on **Dec 23, 1950**, and that death occurred at **11:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Phillard E. Nash M.D.</b>	23b. ADDRESS <b>1829 So. 18<sup>th</sup> St</b>	23c. DATE SIGNED <b>12/26/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>12-24-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Van Buren, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 26 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington</b>
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WRITE PLAINLY—USING UNFAADING 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.....  
Student Embalmer

Signed.....

*J. W. B. Embler*

Licensed Embalmer No..... *3653*

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.