No. 2
4-18-40
5-17-39
I X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942
Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5912
Primary Registration District No. 5127
Registrar's No. 183

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #4 Pickett Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 69 years

3. (a) PRINT FULL NAME Mary Birkle
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife David
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 5, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
7 8	7	15	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name unknown Siskey
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Adolph Wiedmaier
(b) Address R. R. #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Neo Hydingen
18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St
19. (a) 2/23/42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1942 hour 10 minute 15 P M.
21. I hereby certify that I attended the deceased from Feb 19, 1942 to Feb 20, 1942 that I last saw her alive on Feb 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	6 da
Due to Rgt	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) not
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
(e) Was injury at work? — (e) Means of injury —
23. Signature H. D. Hardy (M. D. or other) M.D.
Address St Joseph Mo Date signed 2-21-42

85 (Licensed Embalmer's Statement on Reverse Side)

E81

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 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.