

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10437

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township **St. Louis Mo.**

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **2232** **Alberta St.**)

File No. ....

Registered No. **2419**

St. .... Ward)

**2. FULL NAME**

**George Birkner**

(a) Residence. No. **2232 Alberta St.** St. **24** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word)

**Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Nov. 17 - 1878.**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**51**

**3**

**20**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Conductor**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Public Service**

(c) Name of employer

**Street Car**

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ill.**

**10. NAME OF FATHER**

**Michie Birkner**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ill.**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**14.**

INFORMANT

(Address) **2450 Alberta St.**

**15.**

FILED

19

**W. C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**March 7 - 1930.**

**17. The Physician in attendance**  
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., and that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at **5:00** p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Asphyxiation (Due to) Fuel Gas Poisoning**  
**164C**

**CONTRIBUTORY (SECONDARY)**

(duration) ..... yrs. .... mos. .... ds.

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Wm. D. Dwyer** M.D.  
**3/8** 1930 (Address) **Coroner**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**St. Pauls Churchyard**

**3-10-1930.**

**20. UNDERTAKER**

ADDRESS

**Ziegenhein Bros. 2623 Cherokee**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PLAYED, WITH UNENDING INNOCENCE THIS IS A PERMANENT RECORD