

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

Do not use this space.

28844

**1. PLACE OF DEATH**

County St. Louis County  
 Township Carondelet  
 City Koch (No. Rural Koch Hosp)

Registration District No. 1123  
 Primary Registration District No. 3248 B

File No. \_\_\_\_\_  
 Registered No. 306  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Burch, Theodore

(a) Residence. No. 4190 West Belle St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred  yrs. 4 mos. 3 da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Married unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>4</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Porter Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mississippi  
 (STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Anderson Burch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Eliz. Washington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Miss

14. INFORMANT Koch Hospital records  
 (Address) Koch Ho.

15. FILED Aug 21, 1929 L. C. Obrock, M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/13/29, 19\_\_\_\_, to 8/16/29, 19\_\_\_\_, that I last saw him alive on 8/16/29, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Tuberculous Spondilitis

About (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Unknown  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED Unknown  
 IF NOT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray of Sputum  
 (Signed) Theodore E. Plone, M. D.  
8/17/29 (Address) Koch Hospital

\*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. Patter's Field

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 8-24 1929

20. UNDERTAKER A. S. Bell and Co. ADDRESS 272 F Duerson

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.

WRITE NAME, WHEN ORDERING INK—THIS IS A PERMANENT RECORD

96  
14  
3

