

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

Do not use this space.

14251

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **ST. LOUIS MO.** (No. **4042 NORTH NEWSTEAD AVE.**) St. Ward)

File No. **3587**
Registered No.

2. FULL NAME **STEPHEN BIRCHLER SR.**

(a) Residence, No. **4042 NORTH NEWSTEAD AVE.**, St., **10** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 WILHELMINA BIRCHLER.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/24/1852.		
7. AGE	YEARS	MONTHS
	79	3
		DAYS
		17
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WOODWORKER.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED.	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/11/32** . 19

22. I HEREBY CERTIFY, That I attended deceased from **January 27**, 19**32**, to **death, April 11**, 19**32**
I last saw him alive on **April 8**, 19**32** Death is said to have occurred on the date stated above, at **9-30 A.M.**
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis. Date of onset **1927**
131
49 131 (1)
Other contributory causes of importance:
General Arterio-sclerosis 1927

FATHER	13. NAME BENEDICT BIRCHLER.
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND.
MOTHER	15. MAIDEN NAME JOSEPHINE KURERGER.
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND.
17. INFORMANT (ADDRESS) Joseph Birchler, 4042 N. NEWSTEAD AVE.	
18. BURIAL, CREMATION, OR REMOVAL PLACE BELLFONTAIN CEM. DATE 4/14/32 . 19	
19. UNDERTAKER (ADDRESS) W. W. Brown & Co., 3110 NORTH GRAND BLDG.	
20. FILED APR 12 1932 W. W. Brown Registrar	

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Edwin Sauter,** M. D.
(Address) **1331 No. 7th St.**

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.

