WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 701 1052 File No. 27950

Township ..... Primary Registration District No. ..... Registered No. 7831

City St. Louis (No. 4333a John Ave St. ..... Ward)

2. FULL NAME Charles W. Burch

(a) Residence, No. ..... St., 10 Ward. .....
(Usual place of abode) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1905

7. AGE YEARS 27 MONTHS 3 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

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) St. Louis, Missouri 1

FATHER

13. NAME Francis Burch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER

15. MAIDEN NAME Sabina French

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Sabina Burch 4333a John Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Aug 29 1932

19. UNDERTAKER (ADDRESS) Arthur J Donnelly Undt Co 3846 Lindell Blvd

20. FILED AUG 27 1932, 19 Ray C Starbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1931, to Aug 26, 1932

I last saw him alive on Aug 26, 1932. Death is said to have occurred on the date stated above at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	3 do
Initial Regurgitation	2 yrs
121	
131	
Other contributory causes of importance: Chronic Nephritis	2 yrs
" Idiot "	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 no

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David G Steegal, M. D.

(Address) 1901 Madison

Dr [illegible]