

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.

MAY 13 1935

15016

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis Mo* (No. *5800 Arsenal*)

File No. ....  
Registered No. **3898**  
St. .... Ward)

2. FULL NAME

*John Birchall*  
(a) Residence, No. *5800 Arsenal* St., *13* Ward.  
(Usual place of abode) *City Infirmary* (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S., if of foreign birth? *45* 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 OR (OR) WIFE OF *Lily Birchall*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 10 - 1850*  
7. AGE YEARS *84* MONTHS *10* DAYS *18* IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) *Germany*

FATHER  
13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER  
15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Man Winderhener 5800 Arsenal St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Pauls Ch. Y.M.C.A.* DATE *Apr 30 1935*

19. UNDERTAKER (ADDRESS) *Wm G. Mayall 1976 Weller St*

20. FILED *APR 29 1935* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 28* 19 *35*  
22. I HEREBY CERTIFY, That I attended deceased from *Sept 1* 19 *37* to *Apr 28* 19 *35*  
I last saw him alive on *April 28* 19 *35* Death is said to have occurred on the date stated above, at *4:30 A.M.*  
The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis* Date of onset *1932*  
*Senility* 19 *32*  
*930*

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) *Marvin T. Hauer, Jr.* M. D.  
(Address) *5600 Arsenal St.*

