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.

JUN 12 1937

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

Do not use this space.

File No. 18119
Registered No. 4695

1. PLACE OF DEATH

County .....
Registration District No. 791
Township .....
Primary Registration District No. 1003
City St. Louis (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Joshua I. Burch.

(a) Residence, No. 4955 Washington Bl. St., 12 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 31, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Car
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) Kaskaskia Illinois

FATHER

13. NAME Ignatius Burch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Amanda Close
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Miss Virginia Burch 4955 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kaskaskia Ill. DATE April 8, 1937

19. UNDERTAKER (ADDRESS) CULLINANE BROS 1710 N GRAND BLVD

20. FILED 5-7, 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to May 6, 1937
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 4.20 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	7 mo.
Other contributory causes of importance:	
Inanition	2 mo

Name of operation Exploratory Date of 4/30/37
What test confirmed diagnosis? Opt Rot 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) John McH Dean, M. D.
(Address) 816 Metropolitan Bldg

Mr Jochen Burch