

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36198
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. 2, 1003
(b) Township Primary Registration District No. Registered No. 9775
(c) City St. Louis, Mo. (d) Street No. 1928 Angelrodt St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alfred A. Churchill

(a) Residence, No. 1928 Angelrodt St. St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Tetty Churchill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Stationary
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) England

13. NAME Isaac Churchill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joseph H. Churchill
8828 Cozgen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caseyville Ill DATE Oct. 22-37

19. FUNERAL DIRECTOR (ADDRESS) Henry Ludwig U. Co.
1417 N. Market St.

20. FILE OCT 21 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19-37, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th, 1937, to Oct. 19, 1937.
I last saw him alive on Oct 19, 1937 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma - pylorus
stomach. Date of onset Aug. '37

Other contributory causes of importance: 46B

Name of operation Date of
What test confirmed diagnosis? X-ray 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) William H. Brundage M. D.
(Address) 3519 N. Jefferson

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.

227
OCCUPATION
FATHER
MOTHER

1505
2514
011
227

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 1674
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)