

JAN 10 1938

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

42906
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. John's Hospital** 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles H. Upchurch**

(a) Residence, No. **1035 Blendon Place** St. **4**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Lottie Upchurch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8, 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Wire worker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Ludlow Saylor Wire Co.**
 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) **Steelville, Mo.**

FATHER 13. NAME **Wm. A. Upchurch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Steelville, Mo.**

MOTHER 15. MAIDEN NAME **Olivia Adair**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Steelville, Mo.**

17. INFORMANT (ADDRESS) **Lottie Upchurch 1035 Blendon Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Take Charles** DATE **Dec. 4 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Robert J. Ambruster Clayton Road at Concordia Lane**

20. FILED **DEC 3 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 1 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 3rd 1937** to **Dec. 1 1937**

I last saw him alive on **Nov. 30 1937** Death is said to have occurred on the date stated above, at **6:00 P.M.**

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

Coronary disease with occlusion (atherosclerosis) Date of onset
Chs. Myocarditis **3 years**

Name of operation: **None** Date of.....
 What test confirmed diagnosis? **Electrocardiogram** 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 **Douglas White**, M. D.
 (Address) **7166 Manchester Avenue.**

WRITE PLAINLY, WITH UNWADING 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.

2173

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STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst

L. E.

No. 2502 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2502-1994

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.)