

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

20486
 Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1008** Registered No. **5625**

(c) City **St. Louis** (d) Street No. **Christian Hospital** St.

(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 **Joseph Martin Lerch** **6.20**

(a) Residence, No. **4009 North 22nd** St. **20** (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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1938		
7. AGE YEARS --	MONTHS --	DAYS 00
IF LESS than 1 day, 10 hrs. or 10 min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo		
13. NAME Joseph Lerch		
14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo		
15. MAIDEN NAME Helen Oestrich		
16. BIRTHPLACE (CITY OR TOWN) Centralia (STATE OR COUNTRY) Ill		
17. INFORMANT (ADDRESS) Joseph A. Lerch 4009 North 22nd St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE June 22, 1938		
19. FUNERAL DIRECTOR Beiderwieden Funl Home (ADDRESS) 1936 St Louis Ave		
20. FILED JUN 22 1938 J. D. Budek		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 21, 1938**, to **June 21, 1938**.

I last saw him alive on **June 21, 1938** 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:

*Premature birth
 7 cm. gestation*

Other contributory causes of importance:
Placenta previa of mother.

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 Yes, specify **Inc**

(Signed) **J. Ryan** M. D.
 (Address) **607 N. Grand St.**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)