

FILED FEB 16 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 869

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital- 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo.-27 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1727 Park
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward Church

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan.-27-1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>63</u> | <u>11</u> | <u>30</u> | hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business.....

MOTHER FATHER { 12. Name Henry E. Church

{ 13. Birthplace England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lillie Moos

{ 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P.S. Lanham

(b) Address 5238 Tholozan

17. (a) Burial (b) Date thereof 1-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (c) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette

19. (a) JAN 29 1945 J. F. Bredeh
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th
year 1945 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from 11/28/44
to 1/26/45
that I last saw him alive on 1/26/45
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho-pneumonia

Due to.....
45

Due to.....

Other conditions Carcinoma of palate with metastasis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy Broncho-pneumonia
Carcinoma of palate with metastasis

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Louise J. ... (M.D. or other) 1/29/45
Address 1515 Lafayette Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe B. D. Ollman

Licensed Embalmer No. *4014*

P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, fact should be so stated above.