

MISSOURI - DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8321

FILED MAR 24 1948

Registration District No. 190

Primary Registration District No. 3018

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: DENT
(b) City or town: SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 N. PERSHING
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 36 YEARS (Specify whether years, months or days)
In this community: 36 YEARS

3. (a) PRINT
FULL NAMEBURKARD BIRCHER

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: MARRIED
6. (b) Name of husband or wife: ADI C. BIRCHER
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: SEPTEMBER 8 1854
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 29
If less than one day
hr. min.

9. Birthplace: VILLAGE SINS SWITZERLAND
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED TAILOR

11. Industry or business: TAILORING

12. Name: BURKARD BIRCHER

13. Birthplace: UNKNOWN SWITZERLAND
(City, town, or county) (State or foreign country)

14. Maiden name: MARY

15. Birthplace: UNKNOWN SWITZERLAND
(City, town, or county) (State or foreign country)

16. (a) Informant: Helene Bircher

(b) Address: Salem, Mo.

17. (a) Burial (b) Date thereof: Mar. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CEMETERY

18. (a) Signature of funeral director: John J. Thayer

(b) Address: Salem, Mo.

19. (a) Mar 12 - 48 (b) M. M. Hartman
(Date received local registrar) (Signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: DENT
(c) City or town: SALEM
(If outside city or town limits, write "RURAL")
(d) Street No.: 300 N. PERSHING
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 7 + 4
year: 1948 hour: 11 minute: 40 P. M.

21. I hereby certify that I attended the deceased from 2-10-48, 1948,
that I last saw him alive on 3-3-48, 1948,
and that death occurred on the date and hour stated above
Immediate cause of death: Cerebral hemorrhage Duration: 26 days

Due to: Cerebral sclerosis + senility

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: —
Of operations: —

Of autopsy: —

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

(a) 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)

23. Signature: John J. Thayer (M. D. or other) —

Address: Salem, Mo. Date signed: 3-9-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 348199

Date Filed 3-20-48

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

Edward F. Doyles, Registered Apprentice No. 435
working under my personal supervision.

Signed

Max L. Waife

Licensed Embalmer No.

4170

P.O. Address:

Salem, 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.