S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14731

FILED APR 23 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3527

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: 2341a Chestnut (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 25 yrs.

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: 609 17 9 0

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

(d) Street No.: 2341a Chestnut St (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) No

If yes, name country .....

3. (a) PRINT FULL NAME: Mr Walter Upchurch

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M 2

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lillie Upchurch

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: 8 (Month) 6 (Day) 1879 (Year)

8. AGE: Years 68 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: Columbus (City, town, or county) Miss (State or foreign country)

10. Usual occupation: Labor

11. Industry or business .....

MOTHER FATHER

12. Name: Willie Upchurch

13. Birthplace: Columbus (City, town, or county) Miss (State or foreign country)

14. Maiden name: Martha Upchurch

15. Birthplace: Columbus (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Lillie Upchurch

(b) Address: 2341 Chestnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Bus Lowe

(b) Address: 2930 Dickson St

19. (a) APR 13 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11th year 1948 hour 6:30 minute a.m.

21. I hereby certify that I attended the deceased from May 1, 1947, to April 11, 1948, that I last saw him alive on April 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BRONCHOPNEUMONIA	1 Day
Due to: CHRONIC LYMPHATIC LEUKEMIA	
Due to:	
Other conditions (Include pregnancy within 3 months of death): N.A.	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place) While at work? ..... (e) Means of injury: 0

23. Signature: C. H. Beere (M. D. or other)

Address: 919 N. Jefferson Date signed: 4/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.