

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31523

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6078 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY City of St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 1133 Blendon Place	

3. NAME OF DECEASED a. (First) LYDIA		b. (Middle) C.		c. (Last) BIRCHARD		4. DATE OF DEATH (Month) (Day) (Year) September 15, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 8, 1877	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR 3 Months		IF UNDER 1 YEAR 7 Days		IF UNDER 1 HR. 5 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wentzville, Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Welker		13b. MOTHER'S MAIDEN NAME Louise Schroeder		14. NAME OF HUSBAND OR WIFE William T. Birchard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		ANTECEDENT CAUSES				24 hrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic heart disease				Unknown.	
		DUE TO (c) Psychosis with cerebral arteriosclerosis and diabetes mellitus				Unknown.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 1, 1948, to Sept. 15, 1949, that I last saw the deceased alive on Sept. 15, 1949, and that death occurred at 8:35 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) John A. Brennan M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo. 9-30-49.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	
				24d. LOCATION (City, town, or county) (State) Wentzville, Mo.	

DATE REC'D BY LOCAL REG. Oct 1, 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T.E. Pittman Undertaker, Wentzville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 17 1949

RECEIVED 10-10-49

District Health Officer No. 4

District File Number 1049-1338

Date Filed _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clara A. Padwell

Licensed Embalmer No. 4077

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.