

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42358

State File No. 11181

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6665 West Park</b>	

3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>E.</b> c. (Last) <b>Churchwell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 28, 1902</b>		9. AGE (in years last birthday) <b>46</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Kennett, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John Churchwell</b>		13b. MOTHER'S MAIDEN NAME <b>Mamie Southern</b>		14. NAME OF HUSBAND OR WIFE <b>Mittie Churchwell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruth Abernathy, 6323 Bartmer Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Pulmonary fibrosis and emphysema</b>		4 years.	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>114</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>525 X</b>	

22. I hereby certify that I attended the deceased from **Dec. 23**, 19 **49**, to **Dec. 27**, 19 **49**, that I last saw the deceased alive on **Dec. 27**, 19 **49**, and that death occurred at **9:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>JR Bradley</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Barnes Hospital,</b>		23c. DATE SIGNED <b>12/27/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-28-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kennett, Mo.</b>	
24d. LOCATION (City, town, or county) (State) _____					

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 28 1949</b> <b>J B Lusater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 '49  
DHW P 50

**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, ~~me~~ *Me*

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *W W Wilkinon*

Licensed Embalmer No. *3575*

P. O. Address *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.