

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42068
Registrar's No. 10563

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5600 Vernon Ave.,		d. STREET ADDRESS (If rural, give location) 5600 Vernon Ave., 0	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) E. c. (Last) BURCH.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1870.	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mooleyville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Stiff		13b. MOTHER'S MAIDEN NAME Sarah Brown		14. NAME OF HUSBAND OR WIFE Joseph E. Burch	
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 R.A. Burch ADDRESS 5600 Vernon Ave.,	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo. credits		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Bronchitis		1 WEEK	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Dec 9, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Langan, D.M.D.	23b. ADDRESS 5803 Plymout St. St. Louis, Mo.	23c. DATE SIGNED Dec 11, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,
DATE REC'D BY LOCAL REG. DEC 12 1950		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
REGISTRAR'S SIGNATURE J. B. Suter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Dr. W. J. Langan,
5803 Plymouth Ave.,
CA. 0220.
R-1 - P.M.

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 me

working under my personal supervision.

Student Embalmer No.

Signed William S. Langan

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address W. Langan

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.