

No. 500
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11048**

XC-Unknown

Reg. #02813
FILED APR 12 1951

REGISTRAR'S No. **910**

BIRTH NO. _____		REG. DIST. NO. 3.7		PRIMARY REG. DIST. NO. 6.76		REGISTRAR'S No. 910			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS MO		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		4534			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL				d. STREET ADDRESS (If rural, give location) 7409 Gayola					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) C.		c. (Last) BIRCHFIELD		4. DATE OF DEATH (Month) (Day) (Year) 4-6-51			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-2-77	9. AGE (In years, last birthday) 73		IF UNDER 1 YEAR Months 4 Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Burlington Junction, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WILHELMINA BIRCHFIELD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. SPAW		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.		ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF UNIDENTIFIED CEREBRAL VESSEL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC HEART DISEASE Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3327				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) VA		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 3-27 , 19 51 , to 4-6 , 19 51 , that death occurred at 7:05 AM. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS M.D. VA HOSPITAL, JEFF. BRKS, MO.		23c. DATE SIGNED 4-6-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. APR 8 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Jay B. Smith, Maplewood 17, No.					

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

77.43

MAY 31 1951

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.....

H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

Maplewood

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.