

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21846

State File No. _____
Registrar's No. **5827**

FILED JUL 9 1952

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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2257	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1738th DIVISION	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1738th DIVISION		d. STREET ADDRESS (If rural, give location) 25 1738th DIVISION	
3. NAME OF DECEASED (Type or Print) John Thomas Churchwell		4. DATE OF DEATH (Month) (Day) (Year) 6-19-52	
a. (First) John		b. (Middle) Thomas	
c. (Last) Churchwell			
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-22-1888
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TENN	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME MARK CHURCHWELL		13b. MOTHER'S MAIDEN NAME POLLIE PRITCHARD	
14. NAME OF HUSBAND OR WIFE MARK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MARK CHURCHWELL		ADDRESS 1738 DIVISION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Heart Failure 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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4341	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased (alive or _____, 19____, and that death occurred at 2:45 Am. , from the causes and on the date stated above.			
23a. SIGNATURE John M. Deussen		23b. ADDRESS 1300 East	
23c. DATE SIGNED 6/31/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-25-52	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
DATE REC'D BY LOCAL JUN 23 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Beaudouin 3113 Washington	

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.