

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13190

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3875

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 19 3812 Laclede Ave. 2190			
3. NAME OF DECEASED (Type or Print) Leroy Bircher			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954.
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21, 1898	9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months 0 Days 7 IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Reliable Ins. Co.		11. BIRTHPLACE (City and State or Foreign Country) Highland, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Julius Bircher		13b. MOTHER'S MAIDEN NAME Rose Lory	
14. NAME OF HUSBAND OR WIFE Ancel Bircher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War One		16. SOCIAL SECURITY NO. 494-01-0791	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ancel Bircher		ADDRESS 3812 Laclede			
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) <u>Arteriosclerotic C-V Dis.</u> 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. <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>1 week</u>
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) H20.0	
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?	
22. I hereby certify that I attended the deceased from Jan 8, 1950, to April 28, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Norman W. Drey M.D.</u>		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 4/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery, Jefferson Barracks, St. Louis Co. Mo.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 29 1954 J. Earl Smith, M.D. S.P.		24e. FUNERAL DIRECTOR'S SIGNATURE Dennick Nichols 1431 Union Blvd.	

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

University of ...

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.....
Signature of Student Embalmer

Signed.....
John J. Harris
Licensed Embalmer No. *410*

P. O. Address *Harris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.