

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35143

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9154

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>16 3541 Humphrey St.</u>		<u>2164</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle)		c. (Last) <u>BIRCHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 1, 1873</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Theodore Stolze</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Weiland</u>		14. NAME OF HUSBAND OR WIFE <u>Late Edward E. Bircher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward A. Bircher 6207 Delor St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic</u>		ANTECEDENT CAUSES		<u>short</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Heart Disease</u>		<u>2 yrs.</u>	
		DUE TO (c) <u>with Cardiac Decompensation</u>		<u>ten</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>Sept 5, 1954</u> to <u>Oct 7, 1954</u> , that I last saw the deceased alive on <u>Oct 7, 1954</u> and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3606 St. Louis</u>		23c. DATE SIGNED <u>10/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>OCT 8 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *528*

P. O. Address *422 Bldg. Room*

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.