

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3447

FILED MAY 9 1955

318

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BIRTH NO. 3826454 REG. DIST. NO.

PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**

c. LENGTH OF STAY (In this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Johns Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Lemay 23, Mo.**

d. Is Residence within limits of a city or incorporated town? Yes No

* STREET ADDRESS (If rural, give location) **3901 Mt. Olive Rd.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Janet**

b. (Middle) **Marie**

c. (Last) **Birchett**

4. DATE OF DEATH (Month) (Day) (Year) **Apr. 16, 1955**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, (Widowed, never married, divorced, etc.) **Never Married**

8. DATE OF BIRTH **May 31, 1954**

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **0 10 15**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Birchett**

13b. MOTHER'S MAIDEN NAME **Ruth Allaire**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John Birchett, 3901 Mt. Olive Rd.**

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) **Bronchopneumonia**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Anemia - Severe**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **3 1/2 days**

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **292x**

22. I hereby certify that I attended the deceased from **1:20 PM, 4-16-55**, to **4-16-**, 19**55**, that I last saw the deceased alive on **4-16**, 19**55**, and that death occurred at **9:15 P.**, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul G. Tuttle M.D.**

23b. ADDRESS **2627 Telegraph Rd.**

23c. DATE SIGNED **4-18-55**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **Apr. 19, 55**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Olive Cem**

24d. LOCATION (City, town, or county) (State) **Lemay 23, Mo.**

DATE REC'D BY LOCAL REG. **APR 18 1955**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Fendler Und. Co, 7420 Michigan Ave.**

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 M*

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.