

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35338

State File No.

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2463

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u> <u>44</u> <u>2</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 N. Bemiston</u>		e. STREET ADDRESS (If rural, give location) <u>307 N. Bemiston</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WELLS</u>	b. (Middle) <u>LEGETT</u>	c. (Last) <u>CHURCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 8, 1878</u>	9. AGE (In years) (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF OVER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patent Attorney</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Zanesville, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W. Church</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Porter</u>	14. NAME OF HUSBAND OR WIFE <u>Maude B. Church</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. Russell Kershaw</u>	ADDRESS <u>7617 Carondelet</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		<u>1 sec.</u>
	ANTECEDENT CAUSES; Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>		<u>8 years</u>
DUE TO (c) <u>arteriosclerosis, generalized</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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 8, 1951, to Oct 24, 1955, that I last saw the deceased alive on Apr 23, 1954, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Barrett L. Tausig</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4500 Olive St.</u>	23c. DATE SIGNED <u>Oct 25 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>10-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-25-55</u>	REGISTRAR'S SIGNATURE <u>Richard L. Rountree M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lupton & Sons</u>	ADDRESS <u>7233 Delmar Blv'd.</u>
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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.....
Charles H. Murray

Licensed Embalmer No. 401

P. O. Address St. Louis

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.