

Health, Welfare, Public Service, 1-56, 1300, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

318

1003

STATE FILE NUMBER 35325

REGISTRAR'S NO. 9404

Registration District No. Primary Registration District No. 1003 Registrar's No. 9404

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2917 & S. 12th</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>223rd 2917 & S. 12th</u>	
3. NAME OF DECEASED (Type or print) First <u>WELTON</u> Middle <u>R.</u> Last <u>BURCH</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>14</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 15 1898</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IMBS MILLING CO</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13. FATHER'S NAME <u>WILLIAM BURCH</u>			14. MOTHER'S MAIDEN NAME <u>LAURA YOUNG</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>		16. SOCIAL SECURITY NO. <u>490-03-0927</u>	17. INFORMANT <u>DIXIE LEE BURCH</u> Address <u>2917 S. 12th</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, hypertensive vascular disease.</u> DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>General Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Heart Failure 3 hrs.</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>420.1</u>		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>July 1, 1956</u> to <u>October 14, 1956</u> and last saw <u>her</u> alive on <u>Oct. 14, 8 a. m.</u> Death occurred at <u>8:30</u> <u>a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wm. F. Simon, M.D.</u>			22b. ADDRESS <u>1115 Victoria St. St. Louis, Mo.</u>	22c. DATE SIGNED <u>Oct. 15, 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>OCT 16 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS Mo</u>	(State)	
24. FUNERAL DIRECTOR <u>Thomas Kato 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 15 1956</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>mjb</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Licensed Embalmer No. 43

Licensed Embalmer No. 43

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.