

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7064**

CF: Dallas, Texas
1971 382

BIRTH NO. **FILED MAR 4 1957** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **374**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TEXAS b. COUNTY TARRANT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 783	c. CITY OR TOWN FT. WORTH		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) 1224 E. ARLINGTON		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) E c. (Last) BURCH			4. DATE OF DEATH (Month) (Day) (Year) FEB. 8, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-17-92	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY PRINTING	11. BIRTHPLACE (City and State or Foreign Country) DENTON, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES W BURCH		13b. MOTHER'S MAIDEN NAME CATHRINE BOYD		14. NAME OF HUSBAND/OR WIFE DNA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 466 26 3242	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and congestion, severe ANTECEDENT CAUSES Possible early myocardial infarction Morbidity 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 Pulmonary tuberculosis, far advanced, active. Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Unk. Unk.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 12/17/54 , 19___, to 2/8/57 , 19___, and that death occurred at 9:15A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Julien Bahr M.D.			23b. ADDRESS 915 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 2-8-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/57	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) Jeff Bks. Mo		
DATE REC'D BY LOCAL REG. 2-10-57		REGISTRAR'S SIGNATURE Herbert B. Donk		25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler ADDRESS 5611 South Grand Bl.	

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 *Harry J. Schumacher*

Licensed Embalmer No. *267*

P. O. Address *5611 82*

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.