

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18451**
5236
Registrar's No.

FILED JUN 14 1957

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5236		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hospital				e. STREET ADDRESS (If rural, give location) 12310 906 Shenandoah Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) c. (Last) Birschkus			4. DATE OF DEATH (Month) (Day) (Year) June 2 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH Aug. 14, 1870		
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Prussia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unk			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Marie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Strecker, 906 Shenandoah			
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) Pneumonia					4 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 491x						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					1 yr	
19a. DATE OF OPERATION April 57		19b. MAJOR FINDINGS OF OPERATION ischemic gangrene left leg					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 May 29 , 19 57 , to June 2 , 19 57 , that I last saw the deceased alive on June 2 , 19 57 , and that death occurred at 1:30A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.			23b. ADDRESS 5800 Arsenal			23c. DATE SIGNED 6/3/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-4-1957		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. JUN 4 '57		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc., 2301 Lafayette				

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

2001

0015, 40, 120

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..... *James R. Chapman*
Licensed Embalmer No. 45
P. O. Address..... *St Louis, Mo*

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.