Health, Welfare Public Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be used. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3934

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Heights — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hosp. — Length of stay in 1b: 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6054 Hartford St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: B. Last: Burch

4. DATE OF DEATH: Month: January Day: 16 Year: 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 28, 1905

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Certified Public Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Muren & Co.

11. BIRTHPLACE (City and state or country): Chillicothe, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Burch

13b. MOTHER'S MAIDEN NAME: May Daly

14. NAME OF HUSBAND OR WIFE: Virginia M. Burch

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

16. SOCIAL SECURITY NO.: 493-03-2544

17. INFORMANT: Mrs John B. Burch Address St. Louis, Mo. 6054 Hartford St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASHD — 3-4 yrs.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 July 1955, to Jan 1958 and last saw him alive on Jan 16, 1958
Death occurred at 11:54 pm on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Wm. Macdonald MD

22b. ADDRESS: 539 N. Grand

22c. DATE SIGNED: 1-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/20/58

23c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis 9, Missouri

25. DATE RECD. BY LOCAL REG.: 1-17-58

26. REGISTRAR'S SIGNATURE: Herbert B. Donkel MD

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Co
Health Dept.
621 Brentwood

Sat 8 " 1pm

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 Giles C. Branson

Licensed Embalmer No. 476 R

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.