

FILED VS. FEB. 1 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 304** STATE FILE NUMBER

2/26/52  
DOCUMENT Record: Bd. of Elec. Comm. St. L.  
Funeral Director  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in lb <b>16 days</b>		c. CITY OR TOWN <b>Glendale</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Baptist Hosp.</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>785 Venneman Ave.</b>	
3. NAME OF DECEASED (Type or print) <b>JOHN BURCH</b>				4. DATE OF DEATH Month Day Year <b>Jan. 9, 1960</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-29-83</b>	
9. AGE (last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Purchaser</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food Ind.</b>	
10c. FATHER'S NAME <b>John Burch</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>Linn Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>497-07-5223</b>		17. INFORMANT Address <b>785</b> <b>Florence B. Cristofv, Venneman</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Fracture of hip</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Had a fall at home</b>			
20c. TIME OF INJURY Hour <b>3</b> p.m. <b>12 23 59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		20f. CITY, TOWN, OR LOCATION <b>785 Venneman Ave</b>	
21. I attended the deceased from <b>12/23/59</b> to <b>1/9/60</b> and last saw him alive on <b>1-8-60</b>				Death occurred at <b>3#</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.R. Borch M.D.</b>				22b. ADDRESS <b>45 W. Allen St. St. Louis, Mo.</b>		22c. DATE SIGNED <b>1/11/60</b>	
23a. REMOVAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-11-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>Parker-Aldrich, Webster Groves</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 11 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

*mqr*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leslie Welch*

Licensed Embalmer No. 439

P. O. Address Hopater Gr

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.