

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

PLACE OF DEATH \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St Louis

Registration District No. 791

File No. 28715

Primary Registration District No. 1008

Registered No. 7006

NO. 3828 Nebraska St. 10 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John J Bircher

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OF RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
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DATE OF BIRTH April 19, 1832  
(Month) (Day) (Year)

AGE 78 yrs 4 mos 18 ds.  
IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Retires  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE  
(City or town, State or foreign country) Switzerland

PARENTS	NAME OF FATHER <u>John Bircher</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Switzerland</u>
	MAIDEN NAME OF MOTHER <u>Do not know</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Switzerland</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edw. E. Bircher  
(ADDRESS) 3541 Humphrey St

SEP 8 - 1910 1910 R. Wheeler Bond  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH September 7, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 20, 1910, to Sept 7, 1910, that I last saw him alive on September 7, 1910, and that death occurred, on the date stated above, at 10<sup>15</sup> a.m.

The CAUSE OF DEATH\* was as follows:  
Haematemesis - (Probably due to "Atherosclerosis" Gastric Ulcer)

(Duration) \_\_\_ yrs. \_\_\_ mos. 15 ds.  
Contributory Chronic Endarteritis

(SECONDARY) (Duration) ? yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) W. H. Johnson M. D.  
9/8 1910 (Address) 2144 S Grand

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 4 yrs. \_\_\_ mos. \_\_\_ ds. In the 48 State 4 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence. \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>St. Paul Cemetery</u>	DATE OF BURIAL <u>Sept 9<sup>th</sup> 1910</u>
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UNDERTAKER <u>Ziegenhain Bros</u>	ADDRESS <u>2623 Cherokee</u>
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