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.

REC'D MAR 13 1939

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

4664
Do not use this space.

791
1003
1357

1. PLACE OF DEATH
(a) County ..... Registration District No. 1
(b) Township ..... Primary Registration District No. ..... Registered No. 1357
(c) City St. Louis (d) Street No. 4042 N. Newstead Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

624

2. PRINT FULL NAME Joseph Francis Birchler
(a) Residence, No. 4042 N. Newstead Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF ~~MARRIED, WIDOWED~~, OR DIVORCED ~~(OR) WIFE OF~~ Adele Birchler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.4th.1896
7. AGE: YEARS 43 | MONTHS 1 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Stephan Birchler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Wilhelmina Kimmich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT (ADDRESS) Stephan Birchler 4044 N. Newstead Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 2-13-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.
20. FILED FEB 11 1939 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.02 A.M.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound of mouth, self inflicted in basement of home at 4042 N.Newstead, about 10:00 A.M. February 9th, 1939. Suicide.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/9, 19 39
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, A. A. Smithers, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Geand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.