

REC'D MAR 13 1939

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

Do not use this space.
4960

791
1008

Registered No. 1653

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) or City St. Louis, Mo. (d) Street No. St. Anthony's Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John H. Bircher

(a) Residence, No. 4447 Wilcox St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Bircher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 25

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

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

13. NAME John Bircher

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Chas. Bircher (ADDRESS) 4447 Wilcox

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 2/21/39 19.

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster (ADDRESS) 4234 Manchester

20. FILED J. B. Bredeck 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939, to Feb 18 1939.
I last saw him alive on Feb 18 1939. Death is said to have occurred on the date stated above, at 10.00 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis
Hypertension
Chronic nephritis
Date of onset

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Phil. Gordenhus M. D.
(Address) 306 N Grand Blvd

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.

FEB 20 1939

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Thomas Eynck

Licensed Embalmer No. *1284*

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