

10 1939  
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 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 NOV 14 1939  
 MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

37219  
 State File No.

Registration District No. 784 Primary Registration District No. 111  
 Registrar's No. 1969

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 da.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4216 N. Florissant Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHARLES M. BURCH. 620  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Christine Burch  
 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased: April 16 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 6 23 hr. min.

9. Birthplace: St. Louis, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Decorator (Grainer)

11. Industry or business Own Business

12. Name Alfred Burch  
 13. Birthplace England  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ida Keathley  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Christine Burch  
 (b) Address 4216 N. Florissant Ave.

17. (a) Burial (b) Date thereof 11/13/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director W. J. Stock  
 (b) Address 2117 E. Grand Blvd.

19. (a) NOV 10 1939 (b) W. R. Meyers, Jr. Reg.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 9  
 year 1939 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Aug 17-39  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 9, 1939;  
 that I last saw him alive on Nov 9, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to <u>Hepatic cirrhosis.</u>	<u>2 yrs +</u>
Due to <u>1. Carcinomatous of mediastinal lymph glands (primary?)</u>	<u>6 mos.</u>
Other conditions: <u>2. Duces (chronic)</u>	<u>12 yrs.</u>
<u>3. Terminal bronchopneum.</u>	<u>9 days.</u>
Major findings: Of operations <u>Proctomy of abscess of neck. revealed carcinoma.</u>	PHYSICIAN
Of autopsy <u>confirms above.</u>	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_  
 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Albert J. Motel, M.D. (M. D. or other) \_\_\_\_\_  
 Address 2739 North Grand St. Date signed 11-10-39

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

Signed.....  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Grand.

**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.**