

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 19460
5282
Registrars No.

JUN 29 1942 791

Registration District No. Primary Registration District No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 3 hrs
In this community 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County L 0099
(c) City or town St. Louis
(d) Street No. 5856 Ridge Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Thomas Church
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Johanna (c) Age of husband or wife if alive 68 yrs
7. Birth date of deceased Aug 15th 1869

8. AGE: Years Months Days If less than one day
72 10 2 hr. min.

9. Birthplace Ireland

10. Usual occupation Fireman

11. Industry or business City Of St. Louis

12. Name John Church

13. Birthplace Ireland

14. Maiden name Julia Riordan

15. Birthplace Ireland

16. (a) Informant Mrs Johanna Church

(b) Address 5856 Ridge Ave

17. (a) Burial (b) Date thereof 6/20/42

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of Harrigan & Sheenan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JUN 19 1942 (b) J. F. Bridick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 th year 1942 hour 6:30 PM minute M.

21. I hereby certify that I attended the deceased from 6/11/39 to 6/17/42
that I last saw him alive on 6/17/42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to hypertension

Other conditions None

Major findings: Of operations None

Of autopsy None

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury None

23. Signature J. F. Bridick (M. D. or other) _____
Address Humboldt Bldg Date signed 6/18/42

Duration 1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

*Dr. P. P. T. A. P.
1004 Washington St.*

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..... *Homer W. Fritz*.....
Licensed Embalmer No..... *3882*.....
P. O. Address.....

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, fact should be so stated above.