

No. 2
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5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35847**

NOV 13 1943

Registration District No. **317**

Primary Registration District No. **3064**

Registrar's No. **2498**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **FERGUSON, Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
203 N. Elizabeth Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ST LOUIS**

(c) City or town **FERGUSON**
(If outside city or town limits, write "RURAL")

(d) Street No. **203 N. ELIZABETH**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN R BIRCHER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or Race **W**

6. (a) Single, widowed, married, divorced **M, /**

6. (b) Name of husband or wife **Laura M. Bircher**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **7 24 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 15 3 12 hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sec'y**

11. Employer or business **North St. Louis Trust Co.**

Name **Charles Bircher**

12. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

13. Maiden name **Caroline Scheer**

14. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Bircher**

(b) Address **203 N. Elizabeth**

17. (a) **Cremation** (b) Date thereof **11-9-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Alexander & Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **NOV 10 1943** (b) **E. G. McHarran, M.D.**
(Date received local registrar) (Registrar's signature) 7.5.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **6**
year **1943** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-20-1943** to **11-6-1943**
that I last saw him alive on **11-6-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** **1940**

Due to **Coronary Thrombosis**

Due to **Myocarditis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **W**

Of operations **W**

Of autopsy **W**

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)

While at work? _____ Means of injury **✓**

23. Signature **Ray Thomas** (M.D. or other) _____
Address **Ferguson Mo** Date signed **11/8/43**

Duration **1940**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. Roy Johnson
4077. Florissant Rd.
at. 430 1 to 2 P.M.

DEC 2 9 1946

MAR 31 1947

FEB 15 1947

MAR 27 1947

MAR 28 1947

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25647

State of Mo. }
County of ST LOUIS } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2498

On this 26th day of February, 1947, before me appears Laura M. Bircher, who, upon her oath, states that the original record of birth-death for John R. Bircher, died Nov. 6, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on Nov 10, 1943, should be corrected as follows:

Item No. 7 should read July 24 1879

Instead of July 24 1878

Item No. 8 should read 630 - 3 - 12 -

Instead of 64 - 10 - 12

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura M. Bircher
Relationship: Wife

2037 Elizabeth Ferguson
Present Address: Mo

Subscribed and sworn to before me this 26th day of February, 1947.

My Commission Expires Dec. 9, 1944

Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

35647

MAR 1 1944