No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6070

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1327

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5450 Cologne Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5450 Cologne Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John S. Birchler
3. (b) If veteran, name war ******
3. (c) Social Security No. 489-22-4171
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Birchler
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 13th, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	24	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Oiler
11. Industry or business City of St. Louis
FATHER 12. Name Conrad Birchler
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Epstein
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mary Birchler
(b) Address 5450 Colligne Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) FEB 9 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7th day February year 1948 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from 8/19/47 to Feb. 7 1948 that I last saw him alive on Feb. 4 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of Rectum
Due to Intestinal obstruction
Due to
Other conditions Cachexia
(Include pregnancy within 3 months of death)
Major findings: Adeno carcinoma of rectum - Alexian Bro. Hosp.
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no.
(b) Date of occurrence
(c) Where did injury occur? none. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no. (Specify type of place)
While at work (e) Means of injury
23. Signature E. L. Pollock (M. D. or Coroner)
Address 5401 Gravois Date signed 2/7/48.

Jefferson City Printing Co. (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, 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.