

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25627

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5183

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (in this place) 28 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Eos: 5707 McPherson Ave.,		d. STREET ADDRESS (If rural, give location) Ballas Road, _____	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) TOM c. (Last) BURCH.		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1952.	
5. SEX Male..0	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH August 12, 1898.
9. AGE (In years last birthday) 53.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer..	11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri. U
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer..		10b. KIND OF BUSINESS OR INDUSTRY Attorney..	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Burch.		13b. MOTHER'S MAIDEN NAME Mary Daly.	14. NAME OF HUSBAND OR WIFE Eleanor Burch.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. W. W. #1.		16. SOCIAL SECURITY NO. None..	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs R. T. Burch, 5707 McPherson Ave.,
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Mar 13, 1952, to June 6, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 7am m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Julius Jensen		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 6/6 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal..4		24b. DATE 6/9/52.	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery..		24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.	
DATE REC'D BY LOCAL REG. JUN-6 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, 7233 Delmar Blvd.,		ADDRESS	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.