

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-191991
STATE FILE NUMBER
5688
Registrar's No.

FILED JUN 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) 3849 Castleman Av.	
3. NAME OF DECEASED (Type or print) First Middle Last Edna Louise Birchler		4. DATE OF DEATH Month Day Year May 30 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Montgomery County, Illinois
13a. FATHER'S NAME Henry Fred Langbein		13b. MOTHER'S MAIDEN NAME Anna Faeth	14. NAME OF HUSBAND OR WIFE Fred L. Birchler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ----	17. INFORMANT Fred L. Birchler, 3849 Castleman (10)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> DUE TO (b) <u>Rheumatic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>H6x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Aug 10 1957</u> , to <u>May 30 1958</u> and last saw ^{him} alive on <u>May 30 1958</u> Death occurred at <u>5:15</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. J. Crapcial M.D.</u> (Degree or title)		22b. ADDRESS <u>1901 Madison St.</u>	22c. DATE SIGNED <u>5/31/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Coulterville Cemetery	23d. LOCATION (City, town, or county) (State) Coulterville, Illinois
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H., Inc., 1936 St. Louis Av.		25. DATE RECD. BY LOCAL REG. JUN 2 '58	26. REGISTRAR'S SIGNATURE <u>Earl Smith</u> <u>m JB.</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1901 embalmer
Bolingham St. 12-4

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
Signature of Student Embalmer

Signed *Lester W. Pitman*

Licensed Embalmer No. *4329*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.