

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 11 1960

2 1086-60-003162 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 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, MO | | a. STATE Missouri b. COUNTY | |
| Length of stay in 1b | | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1. | | d. STREET ADDRESS (If outside, give location) 4542 McKinley Avenue., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) ROBERT First Middle Last BIRCHETT | 4. DATE OF DEATH JAN. 29, 1960 Month Day Year |
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| 5. SEX Male | 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 12/22/1867 | 9. AGE (last birthday) 92 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Tilles Park | 11. BIRTHPLACE (City and state or country) Rector, Arkansas. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Unavailable Birchett. | 13b. MOTHER'S MAIDEN NAME Unavailable | 14. NAME OF HUSBAND OR WIFE Mary Elizabeth Birchett |
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| 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. Nil | 17. INFORMANT Jim Henry Birchett, 3736 Zigler Avenue. Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
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IMMEDIATE CAUSE (a) **CARDIAC INSUFFICIENCY**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) **ASHD (ARTERIOSCLEROTIC HEART DISEASE)** **YRS**

AND DUE TO (c) **CHRONIC LUNG DISEASE 420.0** **YRS**

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 |
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| 21. I attended the deceased from 1/24/60 to 1/29/60 and last saw her alive on 1/29/60 |
| Death occurred at 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated. |

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| 22a. SIGNATURE (Degree or title) Emil J. Kellman M.D. | 22b. ADDRESS 1515 LAFAYETTE AVE | 22c. DATE SIGNED 1/29/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 1/30/60 | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | 23d. LOCATION (City, town, or county) (State) Paragould, Arkansas. |
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| 24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington ADDRESS | 25. DATE RECD. BY LOCAL REG. JAN 30 1960 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin K' H. Remelius

Licensed Embalmer No. 1288

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.