

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032332  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **818**

C#2137891 81#27501

Registrar's No. **8191**

**FILED AUG 31 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>  |   | Length of stay in 1b<br><b>14 DAYS</b>  | c. CITY OR TOWN <b>OVERLAND</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VAH, ST. LOUIS, MISSOURI</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>10565 MADDOX PLACE</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>GEORGE A. BURCH</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>AUGUST 21 1962</b>  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/20/97</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MACHINIST</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-----</b>   | 9. AGE (last birthday)<br><b>65</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>ROCK BRIDGE, MO.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>JOHN P. BURCH</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>RACHEL E. MC MITTEN</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>LINDA L. BURCH</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW I</b>  |   | 16. SOCIAL SECURITY NO.<br><b>500-07-084</b>  | 17. INFORMANT<br><b>LINDA L. BURCH SEE 2D</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMA PRIMARY SITE UNKNOWN</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>CARCINOMATOSIS ABDOMEN</b>   |   |   |  |
| DUE TO (c) <b>199.2</b>  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 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   |
| 21. I attended the deceased from <b>8/8/62</b> to <b>8/21/62</b> and last saw him alive on <b>8/21/62</b>  |   | Death occurred at <b>6:13</b> P on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE <b>MARVIN C. BEIL</b> (Degree or title)<br><i>Marvin C. Beil</i> M.D.   |   | 22b. ADDRESS<br><b>VAH, ST. LOUIS, MO.</b>  | 22c. DATE SIGNED<br><b>8/21/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>8-24-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>McLaughlin Funeral Home, Inc.</b><br><b>2201 Lafayette Avenue</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-23-1962</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Lead Smith, M.D.</i>   |

**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 James R. Chapman

Licensed Embalmer No. 4550  
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.