REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10118
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
Registration District No.
Primary Registration District No.
Registered No. 276
(d) Street No. St. Joseph, Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto C. Burri
(a) Residence, No. 632 North 20th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1874

7. AGE: Years 64 | Months 11 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Druggest
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri

FATHER
13. NAME: John Burri
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zurick Switzerland

MOTHER
15. MAIDEN NAME: Anna Lehman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison New Jersey

17. INFORMANT (ADDRESS): Albert L. Burri 505 Walnut St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora DATE March 18, 1939

19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Jos. Mo.

20. FILED Mar 18, 1939 H. J. Nettelhorst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 16, 1939
I last saw him alive on March 16, 1939. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bilateral	7 Days

Other contributory causes of importance:
Leukemia -

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Norman Keeney, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)