

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27271
Registrar's No. 7167

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5435 Neosho St. 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gabriel A. Burrus (Geo.)

3. (b) If veteran, name war none
3. (c) Social Security No. 493-25-9235

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen Burrus
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov 6 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace: Alsace-Lorraine 9
(City, town, or county) (State or foreign country)

10. Usual occupation Bread Salesman

11. Industry or business Continental Bakery

12. Name Anton Burrus

18. Birthplace Alsace-Lorraine 7
(City, town, or county) (State or foreign country)

14. Maiden name Selina Geiselbrecht

15. Birthplace Alsace-Lorraine 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ellen Burrus

(b) Address 5435 Neosho St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-40
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 24 1940 (Date received local registrar) (b) J. B. Friedrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5435 Neosho St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 32 year years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1940 hour 8 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1st 1940 to August 23 1940
that I last saw him alive on August 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac decompensation 2 mos

Due to Degenerative heart disease ?

Other conditions Chronic arthritis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. H. Gorman (M. D.) _____
Address 4030 Chouteau Avenue Date signed 8/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Deuchmann
4928 H. Stalka
FE 6161

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Reinhold A. Lohmann

Licensed Embalmer No.

3395

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 this body is not embalmed, above space should be left blank.