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13-40
7-39
X23159

NOV 16 1940
791

State File No. _____
Registrar's No. 8579

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Hotel 6 N. 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Burleigh P. Case
(b) If veteran, name war None
(c) Social Security No. 471-14-4685

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Beatrice Case
(c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 12, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 7 4
If less than one day hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Steward

11. Industry or business American Hotel

MOTHER FATHER
12. Name Ephriam Case
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Margaret ?
15. Birthplace New York
(City, town, or county) (State or foreign country)
16. (a) Informant Beatrice Case
(b) Address American Hotel

17. (a) Burial (b) Date thereof 10/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) OCT 17 1940 (b) J. S. Burbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 35
(If outside city or town limits, write "RURAL")
(d) Street No. American Hotel 6 N. 7th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
85 year 1940 hour 10 minute - A.M.

21. I hereby certify that I attended the deceased from 10 years
_____, 19____, to _____, 19____;
that I last saw him alive on 10-15-40, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Myocarditis
Of operations Senility
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 P. A. Thompson (Specify type of place) _____
While at work _____ (c) Means of injury _____
Date signed 10/17/40
Address 117th St. St. Louis

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

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.....

Flornz Eymck

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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

If this body is not embalmed, fact should be so stated above.