

No. 2
4-13-40
-17-39
I X23159

1941 FEB 25 1941
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 238

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 5331 Devonshire Ave!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ray H. Burch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Blanche Burch

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 10th 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 0

If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name John A. Burch

13. Birthplace Newcastle / Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Dora Boyer

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Burch

(b) Address 5331 Devonshire Ave

17. (a) Burial (b) Date thereof 1-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Frigo & Squen / Mortuaries

(b) Address 2228 So Kingshighway Blvd

19. (a) JAN 10 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Devonshire 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour _____ minute 550P M.

21. I hereby certify that I attended the deceased from 9/17/37
_____ 19____ to Jan 9 1941
that I last saw h. was alive on Dec 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Sudden

Due to My pertensional arterio sclerosis renal renal renal renal

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert G. Gagne (M. D. or other) _____
Address Paul Barry Bldg Date signed Jan 6 41

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

90
7
9

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 K. Lohman*

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, fact should be so stated above.