

No. 2
1-4-41
-17-39
X2633

FILED SEP 17 1941

7991

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6955

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3467 a Grace**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3467a Grace**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug 25** day _____
year **1941** hour **11:30** minute **A** M.
21. I hereby certify that I attended the deceased from **June** _____, 19**41**, to **Aug 25** _____, 19**41**
that I last saw her **alive** on **Aug 26** _____, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**
& chronic leukemia Duration _____

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

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Emil O Burst** (M. D. or other) **0**
Address **1901 Chestnut** Date signed **8-26-41**

3. (a) PRINT FULL NAME **Rosa Burst**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife: **Emil** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Feb. 17 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** **0 Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil.**

11. Industry or business _____

12. Name **Paul Hennerich**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Lutz**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hildagard Burst**
(b) Address **3467 a Grace**

17. (a) **Burial** (b) Date thereof **8-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **J. Schumacher**
(b) **AUG 27 1941** **3013 Meramec St.**

19. (a) _____ (b) **J. H. Brodeur**
(Date received local registrar) (Registrar's signature)

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.....

Clarence Rochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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.