

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 7730

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson,
(If outside city or town limit, write "RURAL")
(d) Street No. 451 Emily Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Alfred F. Burch Sr.

8. (b) If veteran, name war _____
3. (c) Social Security No. 489-03-583

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

6. (b) Name of husband or wife Alice Burch (Guess) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 19 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 27 hr. min.

9. Birthplace Missouri (City, town, or county) ##### (State or foreign country)

10. Usual occupation Manager

11. Industry or business Tea & Coffee Co.

12. Name Alfred F. Burch Sr.
13. Birthplace England (State or foreign country)
14. Maiden name Ida Keithley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Alfred F. Burch Sr.

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 9/18/42
(Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Co, Florissant, Mo.

18. (a) Signature of funeral director White Funeral Home
(b) Address 118 N. Florissant Rd. Ferguson

19. (a) SEP 17 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1942 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5-15- 1942 to 9-15- 1942 that I last saw him alive on 9-15- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to popliteal cerebral
Due to Haemorrhage of paraganglion of st. testis 4. MO.
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: none
Of autopsy: none
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 2
(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? Yes (Specify type of place) _____
(e) Means of injury _____
Signature Ray Johnson (M. D. or other)
Address Ferguson Mo Date signed 9/16/42

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

[Handwritten mark]

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 Larry M. White

Licensed Embalmer No. 2973

P. O. Address Berquison St

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.