

FILED OCT 6 1942

Registration District No. 78

Primary Registration District No. 115

96  
33  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County ST LOUIS

(b) City or town UNIVERSITY CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7123 WATERMAN 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 96

(c) City or town UNIVERSITY CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 7123 WATERMAN AVE  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BERTHA BURNS

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 HARRY T. BURNS 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased DEC. 30 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 1 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name NICHOLAS WOEHNER

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Kathryn Burns

(b) Address 7123 Waterman

17. (a) BURIAL (b) Date thereof SEPT. 4. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director J. Mullen

(b) Address 516 S. Delmar

19. (a) SEP - 2 1942 (b) C. H. McDaniel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1942 hour 05 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 2 1942, to Sept 1 1942

that I last saw h. u alive on Sept 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 8 hours

Due to myocardial hypertrophy 2 mon  
coronary thrombosis 2

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9321

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) (f) Means of injury .....

Signature Fred Kramer (M. D. or other) M.D.

Address 634 N. Grand Date signed 9-2-42

Dr. Kraemer  
The Theatre Bldg

OCT 9 1942

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 St G Harris  
Licensed Embalmer No. 3384  
P. O. Address St Louis

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.