

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

FILED JUL 3 1943 318

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1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Arthur Burris

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M. Color or race W.

5. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>abt 70</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u> hr. <u>Unknown</u> min.

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Rev. Joseph Hinger

(b) Address St. Mary Hospital East St. Louis

17. (a) Removed (b) Date thereof June 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Cross - E. St. Louis, Mo.

18. (a) Signature of funeral director Will Walsh, Garney

(b) Address 416 St. Louis East St. Louis

19. (a) JUN 24 1943 (b) J. F. Bradest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from June 5, 1943, to June 22, 1943, that I last saw h. im alive on June 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angiodosis of liver + kidneys

Due to _____

Due to Chronic obstructive pulmonary disease

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Morphine addiction

Of operations _____

Of autopsy Refused

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? _____
(Specify type of place) (e) Means of injury

23. Signature Frans J. J. J. (M, D, or other) 6/23/43

Address 1515 Lafayette Avenue Date signed _____

Embalmer's Separate Cert. to be filed

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.....

Licensed Embalmer No.....

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.