

No. 2  
5-43  
17-39  
X36671

FILED JUN 3 1944

Registration District No. 3

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: 2621 CHOUTEAU AV.  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY J. BURCH

3. (b) If veteran, name war NO 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife INEZ BURCH 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JUNE 14 1895 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation BOILER MAKER.

11. Industry or business MO. PACIFIC R.R.

12. Name ORREN BURCH

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

14. Maiden name ADA GASTON. (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Inez Burch

(b) Address Springfield MO.

17. (a) REMOVAL (b) Date thereof MAY 23 1944 (Month) (Day) (Year)

(c) Place: burial or cremation. SPRINGFIELD MO.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3425 Lafayette av.  
19. (a) MAY 22 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State MO. (b) County 040 1792  
(c) City or town ST. LOUIS 7  
(d) Street No. 2621 CHOUTEAU AV.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Extremities removed from laceration of femoral artery and external jugular vein self inflicted with a razor in the home about May 21 1944

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence about May 21 1944  
(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 from

While at work? no (Specify type of place) Means of injury see above

23. Signature Thomas J. Halloran (M.D. or other) Address Deputy Coroner Date signed 5-22-44

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

MOTHER FATHER

Physician Underline the cause to which death should be charged statistically.

JAN 16 1944

AUG 23 1944

AUG 28 1944

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

*John Ketter*

Licensed Embalmer No. *3880*

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.