

3. No. 2
M-5-43
5-17-39
I X36672

State File No.

FILED NOV 31 1945
Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 9347

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3826 Shaw Blvd. /
(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 Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17/17

(d) Street No. 3826 Shaw Blvd. 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary G. Burns

3. (b) If veteran, name war. *
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Burns
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 26 hr. min.

9. Birthplace Waterloo Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Peter Lowry
13. Birthplace Waterloo Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Shields
15. Birthplace Waterloo Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Clement E. Burns
(b) Address 3826 Shaw Blvd.

17. (a) Burial (b) Date thereof 10/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madonnaville, Ill.

18. (a) Signature of funeral director Stroott-Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 29 1945 (b) J. F. Bredesch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1945 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy
Oedema of Lungs
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature: _____ (Specify type of place) _____ (e) Means of injury _____
Address: _____ (M. D. or other) _____
Date signed: _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Ben C. Hoffman

Licensed Embalmer No. *4366*

P. O. Address... *St. Louis, MO*

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.