

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
4915a Northland Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4915a Northland Pl.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara A. Burbach

3. (b) If veteran, name war None 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 Burbach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 30, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 15 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Gottlieb Fritz

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

14. Maiden name Unknown

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

16. (a) Informant Miss Carolyn Burbach

(b) Address 4915a Northland Pl.

17. (a) Burial (b) Date thereof 6/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address East Fair Ave

19. (a) J. F. Braddock (b) \_\_\_\_\_  
(Date prepared for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th  
year 1946 hour 7:30 P.M. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 17  
1946 to June 15 1946  
that I last saw him alive on June 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocardial Infarction  
with ch. hyperlipoproteinemia

Other conditions Diabetic Mellitus  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

Chronic

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) \_\_\_\_\_  
(e) Manner of injury \_\_\_\_\_  
23. Signature J. F. Braddock (M. D. or other) \_\_\_\_\_  
Address 4915a Northland Pl. Date signed 6/17/46

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

MOTHER FATHER

JUN 17 1946

JUN 27 1946

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617  
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**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 *Raymond F. Holman*  
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.**