

3. No. 2
-12-45
5-17-39
P I X47070

FILED APR 14 1947
318
Registration District No. _____

Primary Registration District No. **1003**

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

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: **City Infirmary**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 yrs. mo. 26 days**
(Specify whether _____)

In this community **50 Years**
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. **5800 Arsenal St.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **BURBACK, JULIUS.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **February 20, 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	9	hr. _____ min. _____

9. Birthplace: **Red Bud, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **George Burback**

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

14. Maiden name **Addie Kleinschmidt**

15. Birthplace **Unknown** **6**
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **4/1/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

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

(b) Address **2161 East Fair Ave**

19. (a) **MAR 31 1947** (b) *J. H. Hedrick*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th**;
year **1947** hour **2:20** minute **P. M.**

21. I hereby certify that I attended the deceased from **July the 1st**; 19 **45**, to **March 29**, 19 **47**; that I last saw **him** alive on **March 29th**; 19 **47**; and that death occurred on the date and hour stated above.

Immediate cause of death **Organic brain disease (Senility precox) 1937 plus.**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature *Phyllis Roseme Boudish* (M. D. or other) _____
Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER 151

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 *Walter G. Burnley*
Licensed Embalmer No. *4202*
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.