

STANDARD CERTIFICATE OF DEATH

7135

State File No.

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 232

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 6 Years		c. CITY OR TOWN Kirkwood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 W. Argonne Dr,		e. STREET ADDRESS (If rural, give location) 410 W. Argonne Dr,	

3. NAME OF DECEASED (Type or Print)	a. (First) Emilie	b. (Middle) W.	c. (Last) Burbach	4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9 1878	9. AGE (In years last birthday) 75	10. MONTH 1	11. DAY 15	12. CITIZEN OF WHAT COUNTRY? America
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME Francis X. Wehrle	13b. MOTHER'S MAIDEN NAME W.B.	14. NAME OF HUSBAND OR WIFE Louis Burbach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dorothea Pearson	ADDRESS 410 W. Argonne Dr
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma breast		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 1951		19b. MAJOR FINDINGS OF OPERATION 170x	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1952 **to** Jan 24 1954 **that I last saw the deceased alive on** Jan 24 1954 **and that death occurred at** 4:10 P.M. **from the causes and on the date stated above.**

23a. SIGNATURE John A. Matthews M.D.	(Degree or title)	23b. ADDRESS 3707 Watson Rd	23c. DATE SIGNED 1-25-54
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE 1-26-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 1/25/54	REGISTRAR'S SIGNATURE Heber R. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 30
10.45
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William H. Fitzgerald*.....
Licensed Embalmer No. *4316*
P. O. Address *Kirkwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.