

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6232

State File No.

655

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2217 Madison St.		e. STREET ADDRESS (If rural, give location) 2217 Madison St.	

3. NAME OF DECEASED a. (First) Frances (Type or Print)		b. (Middle)		c. (Last) Burch		4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1956		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 26, 1895		9. AGE (In years last birthday) 60		10. MONTHS 9		11. DAYS 24		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri							

13a. FATHER'S NAME Frank Kurus				13b. MOTHER'S MAIDEN NAME Mary Keenan				14. NAME OF HUSBAND OR WIFE Andrew Burch			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-09-5371		17. INFORMANT'S SIGNATURE OR NAME Roy Hegeler				ADDRESS 9217 Meadowbrook			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 022X451X						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:41 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edna L. ... (Degree or title)		23b. ADDRESS 1300 ...		23c. DATE SIGNED 1/21/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. near Hunt Hill		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 20 1956		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS 5165 ...	
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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 *W E Morris*

Licensed Embalmer No. *336*

P. O. Address *St. Louis*

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.