

FILED JUN 20 1942
Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1328

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/4/42
(Specify whether years, months or days)

In this community Since 6/4/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11

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

(d) Street No. 1814 Market Avenue
(If rural, give location)

(e) Citizen of foreign country? -- (Yes of No) 2
If yes, name country --

3. (a) PRINT FULL NAME John B. BURMAN

3. (b) If veteran, name war WORLD

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 10:12 minute A M.

4. Sex Male 2 5. Color or race Colored / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased March 10 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4, 1942 to June 17, 1942; that I last saw h. in alive on June 17, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>51</u>	<u>3</u>	<u>7</u>
				<u>-</u> hr. <u>-</u> min.

Immediate cause of death Coronary Arterio-sclerotic heart disease with cardiac enlargement and marked myocardial xxx insufficiency. Duration Abt. 12 yrs.

9. Birthplace Lewisville, Arkansas
(City, town, or county) (State or foreign country)

~~xxx~~ Contributory Cause: Arterio-sclerosis, generalized. Abt. 12 yrs.

10. Usual occupation Laborer

Other conditions --
(Include pregnancy within 3 months of death)

11. Industry or business --

Major findings:
Of operations None. 9502

MOTHER FATHER { 12. Name Charlie Burman

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

Of autopsy --

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

14. Maiden name Mattie (Maiden name unknown)

15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant M. Schellig
(b) Address CLINICAL CLERK, VAF, Jeff. Brks., Mo.

(a) Accident, suicide, or homicide (specify) --

(b) Date of occurrence --

17. (a) Buriall (b) Date thereof 6-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? --

(c) Place: burial or cremation National Cem

While at work? -- (Specify type of place)

(e) Means of injury 0

18. (a) Signature of funeral director P. Q. Craigler

(b) Address 1518 Piggott-E. St. Louis Ill.

23. Signature L. M. Cochran (M. D. or other) 0
Address Chief Medical Officer Date signed 6/17/42

19. JUN 18 1942 (Date received from registrar)

(b) L. M. Cochran (Registrar's signature)

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

76
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0

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.....

Licensed Embalmer No.....

P. O. Address.....

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.