S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

644

State File No.

FILED FEB 4 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1003

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 5047 Waterman Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John William McBurney.

3. (b) If veteran, name war Spanish-American War. 3. (c) Social Security No. 712-01-7618

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ada McBurney 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 22 (Day) 1873. (Year)

8. AGE: Years	Months	Days	If less than one day
70.	7.	9.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Traveling Freight Agent
11. Industry or business Union Pacific R.R.

FATHER
12. Name William McBurney.
13. Birthplace Scotland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Baier.
15. Birthplace Austria. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Francis H. Wielandy.
(b) Address 1113 Lanford Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.,
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) JAN 31 1944 (Date received local registrar) J. F. Budrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1944 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from January 29, 1944, to January 31, 1944 that I last saw h. alive on January 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Chronic Myocarditis	2
Due to	
Due to 108	
Other conditions Paget's Disease (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Louis Schnebat (M. D. or other)
Address 2200 Chouteau ave Date signed 1-31-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Louis Schuchat.
2200 Cheuteau,
GR-5083
Hrs. 1 to 6 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.