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2-43
7-39
X35827

Registration District 318
6-1944

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2000 Gravois Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 2000a Gravois (If rural, give location) 23

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Casaner Burnau

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1944 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 16, 1944 to March 29, 1944
that I last saw him alive on February 15, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Burnau

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 27, 1881
(Month) (Day) (Year)

Immediate cause of death:
Change in pericarditis
caused by peritonitis

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 93

8. AGE: Years 62 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Peter Burnau

13. Birthplace France (City, town, or county) (State or foreign country) 5

14. Maiden name Julia Little

15. Birthplace France (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs. Ellen Burnau

(b) Address 2000a Gravois Ave.

17. (a) Burial (b) Date thereof 4/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 31 1944 (Date received local registrar)
J. H. Fredsch (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Fredsch (M. D. or other) MD
Address 2000a Gravois Ave. Date signed 3/31/44

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette S**

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.