

No. 2  
-2-43  
17-39  
X3569

FILED MAR 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2670**

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:  
**4947 LILBURN AVE 1**  
(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)

3. (a) PRINT FULL NAME **BURRI-ELIZABETH**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **FRED BURRI** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **MARCH 4 1870**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **HOUSEWORK**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Ruppert** 4  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Katherine Gertenbach**  
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs L J Salari**

(b) Address **4947 Lilburn**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3 21 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **ZION EV. CEMETERY**

18. (a) Signature of funeral director **TAUTH CENTER MORTUARY**

(b) Address **4024 Lindell Blvd**

19. (a) **MAR 21 1944** (Date received local registrar) **J. Z. Budick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **17**  
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **97**  
(d) Street No. **4947 LILBURN AVE** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**  
year **1944** hour **6** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **Dec 1st**  
19**43** to **March 17th** 19**44**  
that I last saw her alive on **March 17th** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis**  
**Chronic Nephritis** Duration **1 year**  
**chronic**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations **Neg**  
Of autopsy **Neg** 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 **Rose Winnie Rose** (M. D. or other) **M.D.**  
Address **5301A EASTON AVE** Date signed **3/20/44**

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

Pr  
306  
C  
over  
Pool

**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

*John Agonoski*

Licensed Embalmer No. *3398*

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.**