

No. 2
5-43
17-39
X36871

FILED APR 13 1944

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2856**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME Rose Marie Burton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Charles Burton

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

7. Birth date of deceased. Jan. 28 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	1	28	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housework at home

11. Industry or business.....

MOTHER FATHER { 12. Name John Haemmerle

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

14. Maiden name Margaret Werner

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

16. (a) Informant Oliver G. Haemmerle

(b) Address 4766 Cupples Place

17. (a) burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) WAR 27 1944 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4766 Cupples Place
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1944 hour 1:00 minute..... p. M.

21. I hereby certify that I attended the deceased from March 14th
1944, to March 25th 1944

that I last saw h. er alive on March 25th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarction
the lungs

Duration.....

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

PHYSICIAN

Major findings:
Of operations none

Of autopsy same

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 L. Knecht (M. D. or other) M.D.

Address 1515 Lafayette Date signed 3/26/44

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.