S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

State File No. 11055

FILED MAY 12 1945 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. [illegible]

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: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 1558 Wellston Place. (If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma A. Burch.
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 William A. Burch.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased January (Month) 13, (Day) 1866. (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	10	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Fred Althoff.
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Dont Know.
15. Birthplace ? (City, town, or county) Holland. (State or foreign country)
16. (a) Informant Mrs. Ruby E. Kuntz.
(b) Address 1560 Wellston Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd. year 1945 hour 11 minute P.M. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Hip Arteriosclerosis when she slipped and fell to the floor of the living room in her home on February 25, 1945 exact
Due to [illegible]
Due to [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence Feb 25 1945
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury as above
23. Signature Thomas F Callahan (M.D. or other)
Address Coroner Date signed 4-25-45

(Licensed Embalmer's Statement on Reverse Side)

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.....Ben E. Hoffman

Licensed Embalmer No.....4266

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.