

FILED APR 23 1945

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 259

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Clayton, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether  
In this community 5 or 6 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.  
(c) City or town Pine Lawn 91  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3716 Manola  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH H. BURT

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

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced wid.  
6. (b) Name of husband or wife Jennie Williams (de) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) 11 (Day) 19 (Year) 65

8. AGE: Years 79 Months 4 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Michigan (City, town, or county) (State or foreign country) 1

10. Usual occupation None

11. Industry or business None

12. Name Burt

13. Birthplace Michigan (City, town, or county) (State or foreign country) 1

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Daughter: Estella Schwager

(b) Address 3716 Manola, Pine Lawn

17. (a) Burial (b) Date thereof 3-26-45 (Monthly) (Day) (Year)  
(c) Place: burial or cremation East Hill Cemetery

18. (a) Signature of funeral director Wm. H. Papp Inc.  
(b) Address Herkwood, Mo

19. (a) MAR 26 1945 (Date received local registration) E. G. Gerson, MD (Registrar's signature) MO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1945 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 17 1945 to May 23 1945  
that I last saw him alive on May 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 wks

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

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

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 107

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 Frederic Lawrence, M.D. (M. D. or other) MD  
Address 601 S. Brentwood Date signed 3/23/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16  
29  
3

707

DEC 22 1942

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

*Felix Leonard*

Licensed Embalmer No.

*3034*

P. O.-Address

*Kirkwood 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.