

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 43

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town St. Francois Township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Emma C. Burch
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1946 hour 2 minute 30 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C. P. Burch
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 10 1866

21. I hereby certify that I attended the deceased from Jan 30 1946 to Jan 31 1946
that I last saw him alive on Jan 30 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months II Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to Janice Bacterial Meningitis
Duration 5 1/2 hrs.
3 yrs.

9. Birthplace Pilot Knob Missouri
10. Usual occupation Housewife

Other conditions _____
Major findings _____
Of operations _____
Of autopsy _____

MOTHER FATHER { 11. Industry or business Fritz Mund
12. Name _____
13. Birthplace Germany
14. Maiden name Minnie Koleager
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.
Janice Bacterial Meningitis

16. (a) Informant Mrs. Rose Beles
(b) Address Farmington, Missouri, R.F.D. # 1
17. (a) Burial (b) Date thereof Feb. 3 1946
(c) Place: burial or cremation IOOF Cem. Doe Run, Mo.
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Missouri.
19. (a) Feb 2 1946 (b) Ether Rudloff

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature P. H. Walters
Address Farmington, Mo. Date signed 2-14-46

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

190075

RECEIVED

District Health Officer No. 4
District File Number 246-1746
Date Filed 2-8-46

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 Paul Dwyer
Licensed Embalmer No. 4120
P. O. Address Hamington N.J.

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.