

No. 2
5-43
5-17-39
I X36671

FILED NOV 25 1946 918

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Melbourne Hotel Grand & Linell Bl'v'ds
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County _____
(c) City or town Galveston
(If outside city or town limits, write "RURAL")
(d) Street No. 4615 avenue R
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1946 hour 11 minute 50 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: Chronic Hypertension
Myocarditis decompensata
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Edward F. Burns

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nelle Burns 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 58 hr. min.

9. Birthplace Galveston, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Distributor

11. Industry or business Falstaff Brewery Co

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Harvey Beffa

(b) Address 3684 Forest Park Bl'vd

17. (a) removal (b) Date thereof Nov 15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galveston, Texas

18. (a) Signature of funeral director A. Kron, La U. Co

(b) Address 2707 N. Grand Bl'vd

19. (a) NOV 15 1946 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____
Of autopsy: _____

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 3
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 11/15/46

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

37230

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 *Stanley H. Dixon*
Licensed Embalmer No. *4193*
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.