

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 1103

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town Overland, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3410 Airway /
 (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)

3. (a) PRINT FULL NAME Minnie Ehrhardt Burcham

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James Burcham 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased July 4, 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 23 hr. min.

9. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name William Treadway

13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Louis E. Ehrhardt

(b) Address 3410 Airway, Overland, Mo.

17. (a) Burial (b) Date thereof 5/31/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester Ave

19. (a) 6-2-47 (b) Carla J. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
 (c) City or town Overland, Mo. (If outside city or town limits, write "RURAL") 12
 (d) Street No. 3410 Airway (If rural, give location) 5
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1947 hour 1.00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from
Jan 4 1946 to May 27 1947
 that I last saw her alive on May 20 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

auricular fibrillation
 Due to Chronic Myocarditis, 10 yrs.
with decompensation
 Due to.....

Other conditions Chronic Nephritis ?
 (Include pregnancy within 3 months of death)

Major findings: 131b PHYSICIAN

Of operations..... Underline the cause to which death should be charged statistically.

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.....

23. Signature C. Rush McAdams (M. D. or other)

Address 906 Olive St. Date signed May 28 1947

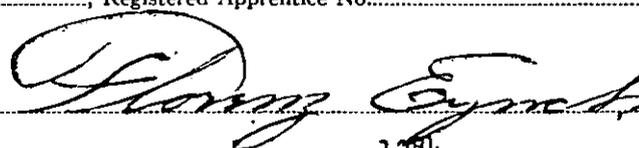
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 1284

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.