

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28279

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. Mo. Baptist Sanatorium St. Ward)

File No.
Registered No. 8130

2. FULL NAME

Laura Ann Burch

(a) Residence. No. 5954 1/2 wells St. 6 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zacchariah T. Burch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>7</u>	<u>1</u>	<u>1</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER	<u>Joseph F. Sisk</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Jacksonville Ill.</u>
12. MAIDEN NAME OF MOTHER	<u>Sarah Herlinger</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Pennsylvania</u>

14. INFORMANT Walter Burch
(Address) 5954 1/2 wells Ave. -

15. FILED AUG 14 1930 19 Max C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Aug 13, 1930. that I last saw h. a alive on August 13, 1930, and that death occurred, on the date stated above, at 5:50 A. m.

17B. CAUSE OF DEATH* WAS AS FOLLOWS:
131
97C
Nephritis Chronic
(duration) 2 yrs. mos. ds.
CONTRIBUTORY Myocarditis Chronic
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS h. burial
(Signed) John G. Wurfel M. D.
Aug 14, 1930 (Address) 940 Ina Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Modesto California DATE OF BURIAL Aug 15 1930

20. UNDERTAKER Shepard Funeral Home. ADDRESS 1167-69 Hamilton Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Theodor Bilg

Ref 10021

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