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

Do not use this space.

32464

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6 2 4 8 H — Registered No. 226
City Richmond Hts (No. St Marys Hosp St. Ward)

2. FULL NAME Alene Burns

(a) Residence, No. 7429 Inchrose St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond P Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1890

7. AGE: Years 41 — Months 5 — Days 19 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME unknown Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Mary Fitzsimmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT R. P. Burns
(ADDRESS) 7429 Inchrose

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lunach Burial Pk DATE 9-25 1931

19. UNDERTAKER Kriegshauser
(ADDRESS) 4228 So Broadway

20. FILED 9/24 1931 C. B. Jensen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931, to Sept 22 1931
I last saw her alive on Sept 22 1931. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis as Cholecy. | |
| Serio work & Trac. - Gall | |
| Myocardial degeneration | |
| 1214. | |
| 126 | |
| Other contributory causes of importance: | |
| 1278 | |
| P | |

Name of operation Appendectomy & Cholecystectomy Date of Sept 15 1931
What test confirmed diagnosis? Gross & microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D Thurston, M. D.
(Address) 3115 S. Grand Blvd.

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.

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

OCT 26 1931