

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

REC'D FEB 10 1939

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

969
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Lukes Hospital** St. **969**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **5226 Washington** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Drake D		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1863		
7. AGE	YEARS 75	MONTHS 9
	DAYS 19	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home	
	9. Industry or business in which work was done, as 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) new York City N.Y.	
FATHER	13. NAME August Burhaus	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) new York N.Y.	
MOTHER	15. MAIDEN NAME Anne Lynch	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Cork Ireland	
17. INFORMANT (ADDRESS) Elsa White 5226 Washington		
18. BURIAL, CREMATION, OR REMOVAL PLACE New York - N.Y. DATE Feb 1 1939		
19. FUNERAL DIRECTOR (ADDRESS) E. R. Nupton & Sons 7233 Delmar, Blvd.		
20. FILED JAN 31 1939 J. F. Bridlick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 31 1939**

22. I HEREBY CERTIFY that I attended deceased from **Nov 28 1938** to **Jan 31 1939**
I last saw **her** alive on **Jan 25 1939** Death is said to have occurred on the date stated above, at **7:20 a.m.**
The principal cause of death and related causes of importance were as follows:
Carcinomatosis of the breast Date of onset **3 yrs**

Other contributory causes of importance:
Pathological fracture of left femur (Carcinoma) Nov. 27 '38

Name of operation **None** Date of **None**
What test confirmed diagnosis? **X-ray** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** (Date of injury, 19...)
Where did injury occur? **Turned sharply on** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Left home via home
Manner of injury **Two fractures at site**
Nature of injury **of metastasis**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **Chas. H. Nupton** M. D.
(Address) **3720 Washington**

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Bradford A Miles*
Licensed Embalmer No. *2901*

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.)