

RECD APR 12 1939

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

8201
Do not use this space.

791
1003

Registered No. 1966

- 1. PLACE OF DEATH
 - (a) County..... Registration District No.....
 - (b) Township..... Primary Registration District No.....
 - (c) City... St. Louis..... (d) Street No. City Hospital..... St.
 - (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 Mary Burns
 (a) Residence, No. 1821 Sidney St. 29 (If nonresident, give city or town and State)

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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph H.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1860</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	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)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City</u>		11. Total time (years) spent in this occupation		
FATHER	13. NAME <u>Daniel Roll</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Hoffman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City</u>			
17. INFORMANT (ADDRESS) <u>Phillip Burns</u> <u>1821 Sidney St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marcus</u> DATE <u>Mar. 3, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wacker-Helderle</u> <u>2331 S. Broadway</u>				
20. FILED <u>MAR 2 1939</u> <u>J. B. Beck</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>4:45 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Cardiac Hypertrophy; Arteriosclerosis; Fracture of right femur, when she slipped and fell at her home, Feb. 11th, about 11:00 P.M. ACCIDENT.</u>	
Other contributory causes of importance:	
Name of operation	Date of _____
What test confirmed diagnosis?	Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>2/11/1939</u> Where did injury occur? <u>St. Louis, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home.</u>	
Manner of injury	<u>See above</u>
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>	
If so, specify	(Signed) <u>Alfred Perry</u> M. D.
(Address)	<u>Deputy Coroner</u>

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,

Robert C Wheeler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Robert C Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St Louis

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, above space should be left blank.