REC'D APR 12 1939

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

8587
Do not use this space.

791

1. PLACE OF DEATH
(a) County 2 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 2352
(c) City St. Louis (d) Street No. 59I7 Wells Ave., 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 652 Essie I. Burens
(a) Residence, No. 59I7 Wells Ave., St. 6
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Burns
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1899.
7. AGE: YEARS 59 | MONTHS 3 | DAYS I6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Arkansas

FATHER
13. NAME Tom Hudson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER
15. MAIDEN NAME ? McWhitter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mr. Charles Burns 59I7 Wells Ave.,
18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE Mar. 23/39
19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark II25 Hodiamont Ave.,
20. FILED MAR 12 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. II/39. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1 — 1939, to 3-11- 1939
I last saw her alive on 3 — 10 1939 Death is said to have occurred on the date stated above, at I2.20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	3/5/39
Other contributory causes of importance:	
Chronic Myocarditis	unknown
Broncho Pneumonia	3/10/39

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Chester G. Poe, M. D.
(Address) 1506, Hodiamont

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Chester Poe,
Wellston Bldg.,

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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 Jos. W. Clark

Licensed Embalmer No. I66I.

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.)