

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9030
State File No. _____
Registrar's No. **2513**

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1727 A. S. 9th ST. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME EFFIE BURHAM
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife CHARLES BURHAM 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased SEPT. 25 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace GREENFIELD INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name DAVIS LINBECK
13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name UNK
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Burham
(b) Address 1727 A. S. 9th ST.

17. (a) BURIAL (b) Date thereof MARCH 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS CEM.

18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette av

19. (a) MAR 16 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 29
(If outside city or town limits, write "RURAL.")
(d) Street No. 1727 A. S. 9th ST.
(If rural, give location)

(e) If foreign born, how long in U. S. _____ years.
Physician
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Apoplexy

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Alfred G. [unclear] (M. D. or other) _____
Address _____ Date signed 3/16/40

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

Signed

Joseph B. Hollmer

Licensed Embalmer No.

4014

P. O. Address

3125 Lafayette av

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.