DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23933

Registration District No. 1791

Primary Registration District No. 1003

Registrar's No. 6378

1. PLACE OF DEATH:

(a) County City of St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether

In this community Ten years, seven months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City N.R. (If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Ave., (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Annie Burton 635

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ephriam

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased September (Month) 15th. (Day) 1855 (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Wayne Co. Ill. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Harmon
13. Birthplace Wayne Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mahala Alford
15. Birthplace Wayne Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Mary E. Craig

(b) Address 6600 Washington Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Cione Ill.

18. (a) Signature of funeral director Sheran Funeral Home

(b) Address 4467 Hamilton Ave

19. (a) JUL 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th. year 1940 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 15, 1940, to July 29, 1940; that I last saw her alive on July 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Chronic	2 months
Due to 186a	
Due to 18	
Other conditions Fracture R femur (Include pregnancy within 3 months of death)	7 weeks
Major findings: Of operations	
Of autopsy	

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) accident

(b) Date of occurrence 6-4-1940

(c) Where did injury occur? University City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Old Folks Home (Specify type of place)

While at work? (e) Means of injury fell off a chair

23. Signature F. L. Morse (M. D. or other)

Address University Club Bld Date signed 7/29/40

(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.

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.