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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30611

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7888

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days (Specify whether
In this community Abt 21-YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST. Louis 22
(If outside city or town limits write "RURAL")

(d) Street No. 2244 Spruce
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Burleson

3. (b) If veteran, name war

3. (c) Social Security No. unk

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Howard Burleson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Mar (Month) 8 (Day) 1906 (Year)

8. AGE: Years 34 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Willie Simpson
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Cobert
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mollie Simpson
(b) Address 1309 Hadley St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) SEP 22 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1940 hour 12:00 minute Midnite M.

21. I hereby certify that I attended the deceased from 9-26-40, to 9-16-40; that I last saw her alive on 9-16-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure — Duration

Due to Heart Disease

Due to Luetic Basis

Other conditions Recent Pelvic Operation 9-13-40
(Include pregnancy within 3 months of death)

Major findings: Of operations Uterine fibroid Non Malignant Ovarian cyst (left)

Of autopsy Dilatation & Hypertrophy of heart - Pulmonary edema

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. S. Davis (M. D. or other)
Address for Dr. Earl Williams, St. Mary's Infirmary Date signed 9-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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

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