

No. 2  
4-13-40  
-17-39  
I 2250

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40144

State File No.

9915

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH: St. Louis, Mo. /

(a) County.....

(b) City or town.....

(c) Name of hospital or institution: City Sanitarium

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo. 15 days

In this community 82 yrs. 10 mo. 20 days

3. (a) PRINT FULL NAME Charlotte C. Burr

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 11, 1858

8. AGE: Years 82 Months 10 Days 20 If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Housework

11. Industry or business

12. Name Willard Burr

13. Birthplace St. Louis, Missouri

14. Maiden name Louise Trustee

15. Birthplace St. Louis, Mo.

16. (a) Informant J. Reggendorf

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 12/4/40

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Charles W. Thomas

(b) Address 4911 Washington Bl.

19. (a) DEC 5 1940 (b) J. F. Bredbeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis

(d) Street No. 4562-Scott Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1940 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from 8-17-39, 19, to 12-1-40, 19, that I last saw her alive on 12-1-40, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease (onset 8-17-39x) Due to Chronic Myocarditis (onset 8-17-39x) Due to Senility (onset 8-17-39x)

Other conditions Major findings: Of operations Of autopsy Yes.

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. B. Gravel (M. D. or other) 24. P Address 5400 Arsenal Date signed 12/1/40

**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

*Thomas R. Fenwick*

Licensed Embalmer No.

*3793*

P. O. Address

*St. Louis, Mo.*

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, fact should be so stated above.