

MO  
NO  
1-4-41  
17-39  
X26390

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7440

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: Homer G Phillips  
(d) Length of stay: In hospital or institution 8 days  
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State Missouri (b) County 000  
(c) City or town St Louis  
(d) Street No. 4459 Cote Brilliance  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Lula Buril

3. (b) If veteran, name war None  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife James Buril  
6. (c) Age of husband or wife if alive dead 1892 years

7. Birth date of deceased Unknown 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months - Days -  
If less than one day hr. min.

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

12. Name William Woods

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Madden

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Welden Wells

(b) Address 3438 Franklin ave

17. (a) Buril (b) Date thereof 9/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Lucas ave

19. (a) SEP 15 1941 (b) J. Bredich  
(Date received for record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1941 hour 11:25 minute A.M.

21. I hereby certify that I attended the deceased from  
September 3 41 to September 11 41  
that I last saw her alive on September 11, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gastro-intestinal tract  
Carcinoma of Rectum

Due to primary site unknown

Due to

Other conditions Mechanical Intestinal Obstruction  
(Include pregnancy within 3 months of death)

Tertiary Lues, Sec Anemia, Malnutrition

Major findings: Of operations  
Of autopsy

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) (v) Means of injury

23. Signature M. E. Fowler (M. D. or other)

Address 2601 N Whittier Date signed 9-12-41

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

**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 William Claude Gord

Licensed Embalmer No. 3489

P. O. Address 2649 Welma

**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.**