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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

120
789

State File No. _____
Registrar's No. _____

Registration District No. _____ 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:
1805 Gravois Ave.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1805 Gravois Ave. 11
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lula Louzane Burian
(b) If veteran, name war _____ No. no
(c) Social Security No. none

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

6. (b) Name of husband or wife John G. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased About 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 Unknown hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (State or foreign country) 9

16. (a) Informant John G. Burian
(b) Address 1805 Gravois Ave.

17. (a) Burial (b) Date thereof Jan. 27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director W.C. Maydell
(b) Address 1926 Aylan Ave.

19. (a) JAN 26 1942 (b) J.F. Meiseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 25
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20 1942 to Jan 25 1942
that I last saw her alive on Jan 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension
Due to Chronic Nephritis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 131 b

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

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)
(e) Means of injury _____
23. Signature Charles Drace (M. D. or other) _____
Address 3702 Gravois Date signed 1/27

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.....

Benz C Duncan

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen

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.