

FILED APR 17 1942

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2927**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **to 3-31-42**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Miss Bertha Magdeline Burris.**

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 **Widow**

6. (b) Name of husband or wife **Wm J Burris**
6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **5/14/1888**
(Month) (Day) (Year)

8. AGE: Years **53** Months **10** Days **17**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Albert Doepke**

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

14. Maiden name **Bertha Don't Know**

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

16. (a) Informant **George Burris**

(b) Address **Rte 1 Box 96 Parker rd,**

17. (a) **Burial** (b) Date thereof **4/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul Cem**

18. (a) Signature of funeral director **SULLIVAN BRO'S**

(b) Address **2849 N. Euclid ave.**

19. (a) **APR 1 1942** (b) **J F Bledock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **Florissant**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rte 1 Box 96 Parker rd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1942** hour **6** minute **40** P.M.

21. I hereby certify that I attended the deceased from **2-9**
_____, 19**42** to **March 31**, 19**42**
that I last saw her alive on **March 31**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **subacute bacterial endocarditis**

Due to **Contributory cause - rheumatic heart disease**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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 **John Savary** (M. D. or other) _____

Address **BARNES HOSPITAL** Date signed _____

196
NR 0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Albat Mayfield*
Licensed Embalmer No. *3077*
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.