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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28585

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7917

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

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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 2 11 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2741a Thomas
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maggie Burdine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct (Month) 2 (Day) 1900 (Year)

8. AGE: Years 41 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Amory (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Robert Dabbs
13. Birthplace Miss (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Annie Dozier
15. Birthplace Miss (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Eva Lagrone
(b) Address 2741a Thomas St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Amory Miss

18. (a) Signature of funeral director H Randle & Son
(b) Address 3133 Bell Ave

19. (a) SEP 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18, year 1942 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 20, 1942, to September 18, 1942 that I last saw her alive on September 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca. of Cervix	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 D

23. Signature Elias L. Dickson (M. D. or other)
Address 2601 Whittier Date signed 9/21/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Choute

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

If this body is not embalmed, fact should be so stated above.