

FILED JAN - 5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38546
10838

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 12 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Frances Helen Burford

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife..... WILLIAM BURFORD 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased..... 6 - 15 - 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business.....
12. Name FRANK HEWITT

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

14. Maiden name EDNA COCHRAN

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

16. (a) Informant WILLIAM BURFORD

(b) Address 927 1/2 PARK AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-42
(Month) (Day) (Year)

(c) Place: burial or cremation ST MATTHEWS

18. (a) Signature of funeral director Thos. J. ...

(b) Address 2906 ...

19. (a) DEC 29 1942 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No. 927 1/2 PARK AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1942 hour 3:59 minute..... P. M.

21. I hereby certify that I attended the deceased from December 14, 1942, to December 25, 1942
that I last saw her alive on December 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Unrealized Carcinomatosis

Due to Primary site unknown

Due to.....
Other conditions (Include pregnancy within 3 months of death) Fr

Major findings: Of operations.....
Of autopsy None

Duration
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?

While at work?..... (Specify type of place)
Means of injury.....
23. Signature J. J. Budeck (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 12/26/42

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

MOTHER FATHER

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: *David Paul Fossaw*

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris Ave.*

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.