S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15925

State File No.

FILED JUN 14 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5225

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:
Deaconess Hosptial
(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:

000

(a) State Missouri (b) County 19

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

(d) Street No. 4248 W. Pine
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phoebe Burkett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Joseph Burkett

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

7. Birth date of deceased April 8, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Washington Byass
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Susan ?
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Joseph E. Burkett
(b) Address 4248 W. Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Orchardville, Ill.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUN 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 9.20 A.M. minute M.

21. I hereby certify that I attended the deceased from 6-3-43, 19, to 6-6, 1943
that I last saw her alive on 6-6-45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Diabetic Gangrene

Due to

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

Major findings:
Of operation Gangrene of left foot & leg
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P B Cappel M.D. or other M.D.
Address 3284 Franklin Ave Date signed 6-7-43

(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 Florenz Eynck

Licensed Embalmer No. 1284

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.