

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED JUL 13 1945

318

Registration District No. Primary Registration District No. 1003

Registrar's No. 6122

1. PLACE OF DEATH:

(a) County ANNA BURNS
(b) City or town ANNA BURNS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5161 LEXINGTON 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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9 6
(d) Street No. 5161 LEXINGTON AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA BURNS

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, WIDOW

6. (b) Name of husband or wife EDWARD BURNS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC. 13 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day hr. min.

9. Birthplace ST LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name HENRY KATHOFFER

13. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

14. Maiden name ANNA BRINKER

15. Birthplace WASHINGTON MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELMER FARRAR
(b) Address 5161 LEXINGTON AVE.

17. (a) BURIAL (b) Date thereof 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 8 1945 (b) J. F. Bussard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5
year 1943 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from June 19 1943 to July 5 1943
that I last saw her alive on July 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral apoplexy

Due to _____

Due to Erysipelas

Other conditions (Include pregnancy within 3 months of death) 83

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?

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

23. Signature Thomas B. Shuman
Address 3200 Grand Blvd Date signed July 6 1945

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

MOTHER FATHER

Dr. C. H. Shannon

320 N. Broad

10-2

6960

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3870 Lindell

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.