

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36196

State File No.

Registrar's No.

FILED NOV 29 1943

Registration District No. 318

Primary Registration District No. 1003

10082 ✓

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days 0
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marie Burnside

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

4. Sex Female 5. Color of race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 19 Oct 1904

7. Birth date of deceased Dec 29 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 16 hr. min.

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

10. Usual occupation Laundry Work

11. Industry or business.....

12. Name Thomas Crossley

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

14. Maiden name Emma Leggett

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

16. (a) Informant Emma Justus

(b) Address 22339 Chouteau av

17. (a) Burial (b) Date thereof Nov 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. J. O'Brien
(b) Address 2915 Franklin ave

19. (a) NOV 18 1943 (b) J. J. O'Brien
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2232 Chouteau
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14,
year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from November 11, 1943 to November 14, 1943
that I last saw her alive on November 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Duration 2 hours
Pelvic Abscess (etiology Unknown) 2 weeks

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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature A. E. Smith (M. D. or other)
Address 2601 W. Hillier Date signed 11/16/43

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..... *G. A. Green*

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin av*

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.