

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36198**

FILED NOV 29 1943

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **10042**

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

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

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

In this community 3 mos. 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Burree

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

4. Sex Female 5. Color or race Colored

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

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

7. Birth date of deceased July 14, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 mos 14 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name M. B. Burree

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

14. Maiden name Loney Scott

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

16. (a) Informant Shirley M Smith

(b) Address 2601 N. Whittier St

17. (a) Burial (b) Date thereof NOV 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman

(b) Address City Health Dept

19. (a) NOV 17 1943 (b) J. F. Bredek
(Date received local results) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 021

(c) City or town St. Louis, Missouri 2210
(If outside city or town limits, write "RURAL")

(d) Street No. 906 So. 10th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1943 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from October 26, 1943 to October 28, 1943
that I last saw her alive on October 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Autopsy: Pneumonia
Primary

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 C. R. Melley (M. D.)
Address 2601 Whittier Date signed 11/24/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.