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M-5-43
7-5-17-39
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39596

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11354**

FILED DEC 29 1943
Registration District No. **18**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5134 Highland 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **66**

(c) City or town **Ulman Mo.** **1**
(If outside city or town limits, write "RURAL") **N.R.**

(d) Street No. **Rural**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Paulina B. Burnett**

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 **Allen Burnett**

6. (c) Age of husband or wife if alive **95** years

7. Birth date of deceased **Oct. 31, 1857**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	16	hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country) **Mo. 0**

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Silas Capps**

13. Birthplace _____
(City, town, or county) (State or foreign country) **Mo. 0**

14. Maiden name **Julia Brumly**

15. Birthplace _____
(City, town, or county) (State or foreign country) **Mo. 0**

16. (a) Informant **Allen Burnett**

(b) Address **5134 Highland Ave**

17. (a) **Burial** (b) Date thereof **12-19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tuscumbia Mo.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **DEC 18 1943** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17**, year **1943** hour **1:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1, 1943**, to **December 17, 1943**, that I last saw her alive on **December 17, 1943**, and that death occurred on the date and hour stated above.

Immediate cause of death **La Grippe**

Due to _____

Due to _____

Other conditions **Chronic myocarditis** **1 year**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 **Richard J. Brudick** (M.D. or other) _____

Address **5146 St. Louis Ave.** Date signed **12-17-43**
St. Louis, Mo.

Duration **7 days**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.