

**FILED SEP 4 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3131**

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) Street No. **6032 S. Kingshighway** /  
(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 **Missouri** (b) County.....

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

(d) Street No. **6032 S. Kingshighway Blvd** /  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Elizabeth 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 2**

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

7. Birth date of deceased **November 10 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>92</b>	<b>9</b>	<b>16</b>	.....hr. ....min.

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

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **??? Meyer** /

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

14. Maiden name **Unknown**

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

16. (a) Informant **Laura Eversding** /  
(b) Address **6032 S. Kingshighway Blvd**

17. (a) **Burial** (b) Date thereof **8-29-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Joe Graham Bur**  
(b) Address **6409 Gravois Ave**

19. (a) **AUG 27 1947** (b) **J. F. Medeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26th** day **August** year **1947** hour **1:50** minute **Am** M.

21. I hereby certify that I attended the deceased from **8-11** 19**47** to **8-26** 19**47** that I last saw her alive on **8-26** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis** / **6 yrs.**

Due to **hypertension & senility** / **10 yrs**

Due to **93**

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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 **Barton Bohanna** (M. D. or other) **MD**  
Address **2607 S. Grand** Date signed **8/26/47**

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

MOTHER FATHER

Mr. Robinson  
Grand + Ritchey  
2602 S. Grand  
La. 4498

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 Homer W. Fritz  
Licensed Embalmer No. 3882  
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.