

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36229**
Registrar's No. **9792**

FILED NOV 13 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 21 3226 Pine St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			
3. NAME OF DECEASED (Type or Print) Bessie		a. (First)	b. (Middle) Burks
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct 21, 1952	
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1911
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Henry Burnett		13b. MOTHER'S MAIDEN NAME Pearl Gilmore	
14. NAME OF HUSBAND OR WIFE Charles Burks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Charles Burks 3226 Pine		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibro-sarcoma of the Vulva ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Anemia	
INTERVAL BETWEEN ONSET AND DEATH Undet.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 176X			
22. I hereby certify that I attended the deceased from 10-10 , 19 52 , to 10-21 , 19 52 that I last saw the deceased alive on 10-21 , 19 52 , and that death occurred at 8:20a m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. G. Dennis		23b. ADDRESS 2601 N Whittier St.	
(Degree or title) M. D.		23c. DATE SIGNED 10-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 27/52	
24c. NAME OF CEMETERY OR CREMATORY Father Jackson St Louis		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. OCT 24 1952		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green		ADDRESS 4214 Delmar	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. G. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.