

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31873

FILED SEP 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2107</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lemay</u>)		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Lemay</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lemay Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>724 Bayliss ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Burlefinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 8, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1888</u>		9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-At Home-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brazil, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Pauley</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Vesper</u>		14. NAME OF HUSBAND OR WIFE <u>Anton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anton Burlefinger</u> ADDRESS <u>724 Bayliss ave. Lemay</u>			
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) <u>Malignancy of the Brain</u> INTERVAL BETWEEN ONSET AND DEATH <u>About 27. days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Malignancy of the Brain</u>				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? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>54</u> , to <u>Sept</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>53</u> , and that death occurred at <u>12.10 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold Klein MD</u> (Degree or title)				23b. ADDRESS <u>2632 N Kings Highway</u>		23c. DATE SIGNED <u>9-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road Lemay, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-9-55</u>		REGISTRAR'S SIGNATURE <u>Wesley K. Domb MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>			

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....
Licensed Embalmer No. *2679*.....

P. O. Address *7814 1/2 Broadway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.