

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. *17811*

File No. *25660*

Township.....

Primary Registration District No. *003*

Registered No. *7477*

City *St. Louis* No. *5348 N. Union Ave*

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *5348 N. Union Ave 7* Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of *Viola Hildebrand Burrs*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 12 - 1899*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
*29*      *4*      *6*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Gas Repair 91A 57A*  
(b) General nature of industry, business, or establishment in which employed (or employer) *" " 95E*  
(c) Name of employer *own business*

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Wm. Burrs*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Beatha Cam*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Viola Burrs*  
(Address) *5348 N. Union Ave.*

15. FILED *44 20 1928* *Ray C. Standley* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 18th 1928*  
17.

I HEREBY CERTIFY That I attended deceased from *July 17th 1928* to *July 18th 1928* that I last saw him alive on *July 17th 1928*, and that death occurred, on the date stated above, at *11:2* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Inflammatory Rheumatism  
Chronic*

CONTRIBUTORY (SECONDARY) *acute Endocarditis and acute dilatation of heart,*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *W*  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *W* DATE OF.....

WAS THERE AN AUTOPSY? *W*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical diagnosis*  
(Signed) *George Henry Kaper* M. D.  
*July 19, 1928* (Address) *5222 N. 20th St*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary Cem.* DATE OF BURIAL *7/21 1928*

20. UNDERTAKER *Wronschurg and Co Florissom*  
ADDRESS *4740 N.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

