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

Do not use this space.

25965

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25965

Township ..... Primary Registration District No. 1003 Registered No. 7828

City St. Louis (No. 4311A St. Louis Avenue St. ..... Ward)

2. FULL NAME Florence Burns

(a) Residence. No. 4311A St. Louis St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31 1878

7. AGE: Years 50 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 92A
(a) Trade, profession, or particular kind of work Domestic 102
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Maggie Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ohio

14. INFORMANT Miss Argola Smith
(Address) 4311A St. Louis

15. FILED 30, 19 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/8, 1928, to 7/26, 1928, that I last saw her alive on 7/26, 1928, and that death occurred, on the date stated above, at 11:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Disease (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A Comissiong, M. D
, 19 (Address) 2803 Pine

*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: Father Dickson Cem.
DATE OF BURIAL: July 30 1928

20. UNDERTAKER: W. C. Gordon Und. Co.
ADDRESS: 2649 Morgan St.

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD