WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

12445

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 3845 St. Louis Av St. ..... Ward)

File No. .....

Registered No. 2957

2. FULL NAME Elizabeth Burns

(a) Residence. No. 4029 Kennerly St., 11 Ward.
(Usual place of abode)

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 2, 1888

7. AGE: Years 40, Months 9, Days 4. If LESS than 1 day, ... hrs. or ..... min.

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

235

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

1

PARENTS

10. NAME OF FATHER: Thomas O'Donnell

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

2

12. MAIDEN NAME OF MOTHER: Elizabeth Falvey

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

2

14. INFORMANT: Mrs. Harry Gamble
(Address) 3845 St. Louis Av.

15. FILED ..... 1929 Max C. Starkloff
MAR 8 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... Feb 15, 1929 to March 5, 1929 that I last saw her alive on March 5, 1929, and that death occurred, on the date stated above, at 1:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral regurgitation

124 A

97 A

(duration) ..... yrs. ? mos. ..... ds.

CONTRIBUTORY (SECONDARY): Acute Hypertrophic

Hepatic Cirrhosis Alcoholic (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) D. F. Wright M. D.

3-7-, 1929 (Address) 2418 No Grand

*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 Cemetery

DATE OF BURIAL: 3/9/ 1929

20. UNDERTAKER: Bergesch Bud. Co. 3667 Washington Bl.

ADDRESS