

JUL 27 1929

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123  
Township Melville Primary Registration District No. 248 B  
City Melville (No. Nazareth Convent) St. \_\_\_\_\_ Ward \_\_\_\_\_

22580

File No. \_\_\_\_\_  
Registered No. 234

2. FULL NAME

Sister M Lucille Burns  
(a) Residence No. Winger + Fordwld. St. \_\_\_\_\_ Ward. Melville Mo.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 17 1854</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Troy  
(STATE OR COUNTRY) New York

10. NAME OF FATHER Michael Burns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Anna Burns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

14. INFORMANT Sister M. Remigio  
(Address) Nazareth Convent

15. FILED June 18 1929 L. C. Obrock, M. D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1929

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1929 to June 16, 1929 that I last saw her alive on June 12, 1929, and that death occurred, on the date stated above, at 3:58 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Smear  
(Signed) J. J. Smith, M. D.  
6/17 1929 (Address) Jefferson 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 Nazareth Cemetery DATE OF BURIAL 6/19 1929

20. UNDERTAKER C. Hoffmeister & Co. ADDRESS 114 Broadway

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.

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