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. 791 File No. 11188

Township ..... Primary Registration District No. 1003 Registered No. 3225

City St Louis (No. 4214a W. Finney St. ..... Ward)

2. FULL NAME Alice Burdett

(a) Residence. No. 4214a W. Finney St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	2	15	

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

9. BIRTHPLACE (CITY OR TOWN) Chester Co.
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER Edward Quarles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary Dabney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chester Co. (STATE OR COUNTRY) Ky.

14. INFORMANT Mary Quarles
(Address) 4214a W. Finney

15. FILED MAR 31 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1930, to March 30, 1930, that I last saw her alive on March 30, 1930, and that death occurred, on the date stated above, at 11.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus
110
40 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

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

(Signed) Vincent J. Mueller M. D.
III 31, 1930 (Address) 2335 Franklin

*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	DATE OF BURIAL
Greenwood	4/2 1930
20. UNDERTAKER	ADDRESS
Mannel	4059 Finney

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.