JUN 27 1930

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

Do not use this space.

17238

File No.

Registered No. 159

1. PLACE OF DEATH St. Vincent's Sanitarium.
County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City St. Louis, Missouri. (No. St Vincents Sani St. Ward)

2. FULL NAME Mrs. Elizabeth Burrowes.
(a) Residence. No. St. Vincent's Sanitarium St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

96

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female.	White.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	—	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) Frankfort,
(STATE OR COUNTRY) Kentucky.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Sister Raphael, Sup't
(Address) St. Vincent's Sanitarium.

15. FILED 5/31, 1930 Della Brady M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to May 30, 1930, that I last saw h. alive on May 29, 1930 and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Renal arteriosclerosis
936
97
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Melancholia
(duration) 5 yrs. — mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT A PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Eugene J. O'Malley, M. D.
6/30, 1930 (Address) Kennedy Bldg St Louis Mo

*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 Sedalia Mo. DATE OF BURIAL 5/30 1930
20. UNDERTAKER Cullen Kelly ADDRESS 4524 Easton

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.

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