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

Do not use this space.

37564

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 6725 Marquette ave St. ..... Ward)

File No. .....

Registered No. 10645

2. FULL NAME Myrtle Burns

(a) Residence. No. 6725 Marquette St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-1911

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	4	1	

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

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

PARENTS

10. NAME OF FATHER Rudolph Burns

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

12. MAIDEN NAME OF MOTHER Estella Furbeck

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

14. INFORMANT Rudolph Burns
(Address) 6725 Marquette ave

15. FILED NOV 11 1930 Max C Dowling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-7 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1930, to Nov. 7, 1930 that I last saw h..... alive on 11-7, 1930, and that death occurred, on the date stated above, at 8.45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? Local

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) A. T. Quinn, M. D.

11-8, 1930 (Address) 6917 Fyler

*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
Oak Hill Cem.	11-10 1930

20. UNDERTAKER	ADDRESS
Henry Heier 2223 S. Grand Blvd	

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.

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