

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

Do not use this space.

19266

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City University City (No. 6239 Cates Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 64  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Emily Lynn Burrell

(a) Residence. No. 6239 Cates Ave 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. 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 Widowed

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

George L. Burrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-20-1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 2 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Ret. housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Evansville  
 (STATE OR COUNTRY) Ind 2

PARENTS

10. NAME OF FATHER Daniel Wolsey

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

12. MAIDEN NAME OF MOTHER Emily Gells

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

14. INFORMANT Thos. J. Palfray  
 (Address) 6239 Cates Ave.

15. FILED 5-18, 1931 Lena V. Moeller  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1930 to May 17 1931 that I last saw her alive on 8-16 1931 and that death occurred, on the date stated above, at 5.45 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

heubel (berneuhg)  
87-103  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Senile changes

18. WHERE WAS DISEASE CONTRACTED Ind  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) C. D. Bassett M. D.  
5-17 1931 (Address) 4900 Olive

\*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 Viscennes Ind DATE OF BURIAL May 18 1931  
 20. UNDERTAKER Alexander & Luns ADDRESS 16175 Delmar

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.

1931 JUN 29

45-00 Olive St.

Del. 5000