

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

Do not use this space.

14750

File No. _____
Registered No. 4148
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo (No. 5406 Delmar)

2. FULL NAME Ira Lionel Burlingame

(a) Residence, No. 5406 Delmar St. 12 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. 8 mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1856

7. AGE YEARS 75 MONTHS 7 DAYS 21 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad operating
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Freight Service
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Franklinville (STATE OR COUNTRY) New York

MOTHER 13. NAME Ira Burlingame

14. BIRTHPLACE (CITY OR TOWN) Franklinville (STATE OR COUNTRY) New York

15. MAIDEN NAME Annabell

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

17. INFORMANT W G Funch (ADDRESS) 5406 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Pana Ill. DATE Apr 29 1932

19. UNDERTAKER Wagoner (ADDRESS) 364 Grand

20. FILED 57 28 1932 May C. Harvey Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1932 to April 27, 1932
I last saw him alive on April 26, 1932. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Date of onset 4/10/32
arteriosclerosis several years
hypertension

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas E. Anderson M. D.
(Address) 3722 Washington

