

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

Do not use this space.

**34033**

**1. PLACE OF DEATH**

County ..... Registration District No. 170  
 Township ..... Primary Registration District No. 5003  
 City St. Louis (No. 4211) Farlin St. 10 Ward

File No. ....  
 Registered No. **9383**

**2. FULL NAME** Estelle Burns

(a) Residence, No. .... St. 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wrapper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loggert & Mayors T. Co  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Richard Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Ellen Kern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Rappley

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 27 1932

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly

20. FILED Oct 22 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Oct 21 1932  
 I last saw h. alive on Oct 20 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial & aortic reorganization  
non compensated Date of onset

Other contributory causes of importance: 92A 92B 92C 92D

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? .....

If so, specify

(Signed) W. F. Decker M. D.

(Address) 2206 Howard St.

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.

Wm A J Neske

2206 Howard St