

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hospital)

File No. 3295  
Registered No. 181  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3724 Colver St. Ward 19

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 19-1889</u>				
7. AGE	YEARS <u>43</u>	MONTHS <u>9</u>	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mounting Ark</u>			
	13. NAME <u>George Burks</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>			
	15. MAIDEN NAME <u>Florence Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>			
17. INFORMANT (ADDRESS) <u>Hospital Information</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>1-6</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Thieschaw, Mortuaries</u>				
20. FILED <u>City Hospital</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec. 26th, 32, to Jan. 1st, 1933

I last saw him alive on Jan 1st, 1933 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

<u>Stupper lobar pneumonia</u>	Date of onset <u>12-25-32</u>
<u>108</u>	
<u>108</u>	

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ? Was there an autopsy? Yes

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 City Hospital  
(Signed) J. C. Rodgers M. D.  
(Address) City Hospital

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.

Burns