

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.

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

Do not use this space.

37748

NOV 12 1934

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis Mo.** (No.) (No.) St. Ward)

File No.
Registered No. **10199**
St. Ward)

2. FULL NAME

Joan Burroughs
(a) Residence, No. **4730 Benevolent** St., **7** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. **9** mos. **8** 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1934				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	9	8	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME **Elmer Burroughs**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Grace Leonard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Stella Brady**
(ADDRESS) **ISOLATION HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **10-23-1934**

19. UNDERTAKER **Promper Und. Co.**
(ADDRESS) **3710 S. 9th St. St. Louis**

20. FILED **92-1034** 19 **34**
J. J. Breck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 21 1934**
22. I HEREBY CERTIFY, That I attended deceased from **Oct 20 34** to **Oct 21 1934**
I last saw him alive on **Oct 21 1934** Death is said to have occurred on the date stated above, at **5:00 A.M.**
The principal cause of death and related causes of importance were as follows:

Congenital Heart Defect Date of onset
Patent Ductus Arteriosus
1570
Other contributory causes of importance:
1570

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical** 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? **None** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**
Nature of injury **None**

24. Was disease of injury in any way related to occupation of deceased?
If so, specify **None**

(Signed) **John E. Scheubner**, M. D.
(Address) **ISOLATION HOSPITAL**

