

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

Do not use this space.

JUL 12 1935

21449

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 791

**1003**

File No. \_\_\_\_\_

**5391**

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City St. Louis (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Gertrude Burrell

(a) Residence, No. 3125 Magazine St. Ward. 21  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-1935

5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~HUSBAND OF~~ Carter Burrell  
~~WIFE OF~~

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to June 18, 1935  
Last saw him alive on 6/18/35, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1902

to have occurred on the date stated above, at 5:45 PM.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 33 4 2

Carcinoma of cervix uterus metastases.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 \_\_\_\_\_

Date of onset \_\_\_\_\_

Other contributory causes of importance: 48

12. BIRTHPLACE (CITY OR TOWN) Greenville, Miss  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Plummer Garner

14. BIRTHPLACE (CITY OR TOWN) Mississippi  
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Lee Eubanks

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

17. INFORMANT Carter Burrell  
(ADDRESS) 3125 Magazine St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Park Date 6/22 1935

19. UNDERTAKER Birmingham Bros  
(ADDRESS) 2933 Delmar Bl

20. FILED JUN 22 1935 19 J. Bredeck  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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 \_\_\_\_\_

(Signature) Donald M. Peters M. D.  
(Address) 630 So. Kings Highway

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.

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