

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

Do not use this space.

1. PLACE OF DEATH **JAN 13 1936**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City St Louis (No. Edouard Bozys)File No. **41442**Registered No. **10666**2. FULL NAME Lucille Burrman(a) Residence, No. 1724 N. Woodhewer Kirkwood Ward. Kirkwood, Mo  
(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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 19307. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
5 3 18

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis13. NAME Leo Burrman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis15. MAIDEN NAME Agnes Yohl16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT M. E. Reilly, 5600 Arsenal (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Dec 18 193519. UNDERTAKER Louis E. Bopp (ADDRESS) Kirkwood, Mo20. FILED DEC 27 1935 1935 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 12, 1935, to Dec. 16, 1935.I last saw him alive on Dec. 16, 1935. Death is saidto have occurred on the date stated above, at 10<sup>00</sup> P. M.

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

Scarlet FeverDate of onset  
Dec 7,  
1935Other contributory causes of importance: 8Name of operation no Date ofWhat test confirmed diagnosis? throat 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? no

If so, specify

(Signed) Henry J. Yorsch, M. D.(Address) 5600 Arsenal

