

DEC 4 1936

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

Do not use this space.

42419

1. PLACE OF DEATH

County *St. Louis*Registration District No. *789*Township *Central*Primary Registration District No. *6033*City *Waller Station*(No. *6316*, *Catalpa Street*)

File No.

Registered No. *320*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *6316 Catalpa St.* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank E. Burgess*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 6, 1862*7. AGE YEARS *74* MONTHS *5* DAYS *1* If LESS than 1 day, _____ hrs. or _____ min.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. *At home*

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 Missouri*13. NAME *Simon*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Margaret Simon*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Mrs. Frank E. Burgess* (ADDRESS) *6316 Catalpa Street*18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine Cem.* DATE *November 10, 1936*19. UNDERTAKER *Leo P. Pleitsch Inc.* (ADDRESS) *5266 Eastern Ave.*20. FILED *11-9-* 1936 *W. J. Schaefer* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 7, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 5, 1936* to *Nov. 7, 1936*I last saw her alive on *Nov. 6, 1936* Death is said to have occurred on the date stated above, at *10:15 A.M.*

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

Chr. valvular heart disease Date of onset _____

Other contributory causes of importance:

Chr. arthritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external cause (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) *John S. Paul* M. D.(Address) *1492 Hadleymont Ave.*

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.

