

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

Do not use this space.

43372

**1. PLACE OF DEATH**

County

Township

City

*St. Louis*

Registration District No.

Primary Registration District No.

*University City (No. 6350, Ewing Ave.)*

File No.

Registered No.

*106*

**2. FULL NAME**

(a) Residence, No.

(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.

*Llewellyn Burnham*  
*6350 Ewing Ave.*  
*Ward.*

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

1. SEX *Male* 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 *Elizabeth Naughton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13, 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*67 6 1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Advertising*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *W. A. Phelps Co.*  
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) *Kentucky*

MOTHER FATHER 13. NAME *George Burnham*

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

15. MAIDEN NAME *Mukwon*

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

17. INFORMANT (ADDRESS) *Mrs. Elizabeth Burnham*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Nov. 17, 1936*

19. UNDERTAKER (ADDRESS) *Chas. A. Sharpe*

20. FILED *Nov. 16, 1936* *E. Registrar*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 14, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 14, 1936*

I last saw him alive on *Nov. 14, 1936*

Death is said to have occurred on the date stated above, at *11:45 a.m.*

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

*Coronary Thrombosis* Date of onset \_\_\_\_\_

Other contributory causes of importance: *Myocardial infarction*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? *No*

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? *No*

If so, specify \_\_\_\_\_ (Signed) *Sam Sander*, M. D.

(Address) *W. S. Sander*

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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WV, Herbert Salzwasser  
1027 Mo. Theatre