

SEP 10 1937

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

29366
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3129 School St.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **33 yrs. 3 mos. ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Violet Burnam**

(a) Residence, No. **3129 School St.** St. **21**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank Burnam**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jany. 26-1864**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **73 6 28**
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as 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) **Unknown Kentucky**

13. NAME **Robert White**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Robert Burnam 4519 Cote Brilliant**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontain Cemte Aug. 28 1937**

19. FUNERAL DIRECTOR (ADDRESS) **A. Russell Und. Co. 2732 Pine Street**

20. FILED **Aug 26 1937 J. Brebeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-24-1937**

22. I HEREBY CERTIFY, That I attended deceased from **7-18-37**, 1937, to **8-23-37**, 1937

I last saw her alive on **8-23-1937**. Death is said to have occurred on the date stated above, at **9:25 A.** m.

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

Carcinoma of Stomach and Duodenum Date of onset **?**
Toxemia, anemia, malnutrition

Other contributory causes of importance:

Toxemia, anemia, malnutrition

Name of operation Date of
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **No** 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 **W**
 Nature of injury **W**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **R. E. Long**, M. D.
 (Address) **2907 Eastman Ave**

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.

OCCUPATION **899**

FATHER

MOTHER

1 X12804

St. Louis Mo.

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)