

REC'D MAY 6 1938

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

15784

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 101 Registered No. 752
(c) City Clayton (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME ADA M. Mc BURNEY 216

(a) Residence, No. 7554 PARKDALE St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 JOHN W. Mc BURNEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 30 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as 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) ILL.FATHER 13. NAME SIGMUND BRINKMAN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.MOTHER 15. MAIDEN NAME LAURA COLBERT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.17. INFORMANT JOHN Mc BURNEY
(ADDRESS) 7554 PARKDALE18. BURIAL, CREMATION, OR REMOVAL PLACE MO. CREMATORY DATE APR. 27 193819. FUNERAL DIRECTOR (NAME) JOS. P. FENDLER JR.
(ADDRESS) 7124 MICHIGAN AVE.20. FILED 2-26 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 26, 1938
I last saw her alive on April 26, 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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Date of onset

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.