

JUL 12 1939

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

20727  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Town St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 3429 1/2 Delmar 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 5571

2. PRINT FULL NAME Burdia L. Brown

(a) Residence, No. 3429 1/2 Delmar Blvd St. 24  
(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 Fe 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 Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ABT 1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 1904 — —  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
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) La.  
13. NAME Benjamin Lockert  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.  
15. MAIDEN NAME Ludie Stanton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.  
17. INFORMANT (NAME AND ADDRESS) Gertrude Sias  
3429 1/2 Delmar Blvd  
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Miss DATE June 26 1939  
19. FUNERAL DIRECTOR (ADDRESS) Emmett Toney Co  
3028 Jackson St.  
20. FILED JUN 23 1939 J. D. Bredeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 11:0, 1939, to 6/19, 1939  
I last saw her alive on 6/19, 1939. Death is said to have occurred on the date stated above, at 12 P. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Liver  
Date of onset  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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? Yes  
If so, specify \_\_\_\_\_  
(Signed) J. H. Giffen M. D.  
(Address) 11 71 Giffen Car

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.

V. S. W. G. Z.  
50M-7-20-37  
I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Arthur R. Keillard  
Licensed Embalmer No. 3389

**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.)**

3028 Dickson