DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37764

Registration District No. 791 Primary Registration District No. Registrar's No. 9603

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4459 CoteBrilliante (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Major Buirl 640

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Buirl

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 10, 1885 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Bowles, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Coal

FATHER
12. Name George Buirl
13. Birthplace Bowles, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Morris
15. Birthplace Bowles, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lula Buirl

(b) Address 4459 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. W. Roberts Und Co

(b) Address 3035 Lucas Ave.

19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 1939 hour 12:00 Noon

21. I hereby certify that I attended the deceased from 11-1-, 1939 to 11-9-, 1939 that I last saw him alive on 11-9-, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	About 3 Days
Due to	
Due to Neurosyphilis	About 7 Yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 W. Whittier Date signed 11-10-1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Me Chas. Gaines, Registered Apprentice No. 2349, working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

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.