

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.

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

693  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 701  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 1415 Burd Ave St. 6  
(e) Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 23 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 1415 Burd Ave St. 6 (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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Burd Wikes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About

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

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) Russia

FATHER 13. NAME Shel Bare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Chantze

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Bernice Landan  
1415 Burd Ave

18. BURIAL, CREMATION, OR REMOVAL Cremated 1/24/40

19. FUNERAL DIRECTOR (ADDRESS) Handley  
4469 Washington

20. FILED 1-24-40 J. B. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1940, to 1-23 1940.

I last saw RR alive on 1-23 1940. Death is said to have occurred on the date stated above, at 10:30 P. M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:  
Arteriosclerosis (gib)  
Hypertension

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, 1940

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?

If so, specify

(Signed) Sam Schneider, M. D.

(Address) 216 S. Kingshighway

**STATEMENT BY LICENSED EMBALMER**

I, *Ray E. [Signature]*, 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 \_\_\_\_\_

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.)**