S. No. 2
—11-10-39
v. 5-17-39
I 1-1-40

FILED DEC 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37554

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9827

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County City Hospital #9

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County .....

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2342 Nash St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillie Mae Burkes

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased Nov 14, 1919 (Month) (Day) (Year)

8. AGE: Years 21 | Months 0 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Leves (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housework

11. Industry or business Laundry

FATHER
12. Name Edward Burkes
13. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Lillie Jones
15. Birthplace Unknown (City, town, or county) Ark (State or foreign country)

16. (a) Informant Edward Burkes
(b) Address 2342 Nash St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave

19. (a) NOV 30 1940 (Date received local registrar) (b) J. E. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1940 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary Tuberculosis;	
Due to	
Due to	
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 Joseph H. Lucas (M. D. or other)
Address Deputy Coroner Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.