

Registration District No. 791

Primary Registration District No.

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

(d) Length of stay: In hospital or institution. 10 das
(Specify whether

In this community Unk
years, months or days)

3. (a) PRINT FULL NAME Lizzie Burns

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

3. (c) Social Security No.....

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Geo Burns 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>abt 68</u>	<u>✓</u>	<u>✓</u>	hr. min.

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

10. Usual occupation domestic

11. Industry or business.....

12. Name Ruban MC Coy

13. Birthplace unknown ✓
(City, town, or county) (State or foreign country)

14. Maiden name Mary ✓

15. Birthplace unknown ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Patterson

(b) Address 2817 21st, Birmingham

17. (a) (b) Date thereof 1 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director J. F. Walton

(b) Address 2707 Stoddard St Yall.

19. (a) Jan 6 1941 (b) J. Bredeck
(Date of local registration) (Registrar's signature)

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. 2311 Wash Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 29
year 1940 hour 9:40 minute AM

21. I hereby certify that I attended the deceased from December 19, 1940 to December 29, 1940
that I last saw her alive on December 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 10-15das

Due to 83 R

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?

While at work? (Specify type of place) (e), Means of injury 0

23. Signature H. A. Erwin (M. D. or other).....
Address 2606 Whittier Date signed.....

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

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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.....

William C McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C McDowell

Licensed Embalmer No.....

2074

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, fact should be so stated above.