

No. 2
1-10-39
17-39
X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39928

FILED JAN 24 1942

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9636**

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: **3626 Blaine Avenue**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3626 Blaine Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Ella Irene Burrus**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Charles L. Burrus** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 14 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **19** If less than one day hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **John Barada**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Rosa DeNoyer**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lynn L. Burrus**

(b) Address **3626 Blaine Avenue**

17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Am. J. Robert**

(b) Address **1905 So. Grand Blvd.**

19. (a) **DEC 5 1941** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3**
year **1941** hour **3** minute **45** A. M.

21. I hereby certify that I attended the deceased from **NOV 30**
1941, 19____, to **Dec 3rd**, 19____;
that I last saw **her** alive on **Nov 2nd**, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death **Heart failure due to chronic myo-carditis and arteriosclerosis** **1 yr.**

Due to **sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature **Andrew C. Hancock, M.D.** (M.D. or other) _____
Address **607 NO. Grand** Date signed **12/4/41**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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.....

John Ketter

Licensed Embalmer No..... 3880

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.