S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28584

FILED OCT 14 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8176

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: 1519 Palm St. / (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) 40 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17 26

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

(d) Street No. 1519 Palm St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrw. Sarah Burcham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James T. Burcham

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May (Month) 25 (Day) 1883 (Year)

8. AGE: Years 59 Months 4 Days 5 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Benton Davis
13. Birthplace Cape Gerardeau (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Helena Reck
15. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. James T. Burcham

(b) Address 1519 Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Henry Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 30th. year 1942 hour 9:45 PM. minute M.

21. I hereby certify that I attended the deceased from Sept. 9th, 1942, to Sept. 30, 1942 that I last saw her alive on Sept. 30th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis & chronic ~~glomer~~ myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: 7 yrs. 10 yrs.

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 0

23. Signature Dr. T. D. Blaylock (M. D. or other)

Address 1415 Salisbury Date signed 10/1/42

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

**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.**