

FILED NOV 16 1942 318
Registration District No.

Primary Registration District No. **100E**

Registrar's No. **9234**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Mo.,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **4 Weeks.**
In this community.....
years, months or days)

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..... **#2107 So. Grand Blv'd.,**
(If rural, give location)
(e) Citizen of foreign country?..... **no.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LOIS R. BURR.**
(b) If veteran, name war **None.**
(c) Social Security No. **None.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **4th,**
year **1942.** hour **5:30** minute **A.** M.

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Allen V. Burr.** 6. (c) Age of husband or wife if alive **87.** years
7. Birth date of deceased **October 30, 1865.**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-24-** 19**42,** to **11-5-42,** 19.....;
that I last saw her alive on **11-4-42** 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **don't know**

8. AGE: Years **77.** Months **0.** Days **4.** If less than one day
.....hr.min.

Due to.....
Due to.....

9. Birthplace **Miles Grove, Pennsylvania.**
(City, town, or county) (State or foreign country)

Other conditions **Gangrene of both feet.** **don't know;**
(Include pregnancy within 3 months of death) **PHYSICIAN**

10. Usual occupation **At Home.**

11. Industry or business.....

MOTHER FATHER { 12. Name **(Unknown) Miles.**
13. Birthplace **Unknown.** 9
(City, town, or county) (State or foreign country)
14. Maiden name **(Unknown) Sherman.**
15. Birthplace **Pennsylvania.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs George L. Edwards.**

22. If death was due to external causes, fill in the following:

(b) Address **La Jolla, California.**

(a) Accident, suicide, or homicide (specify).....

17. (a) **Removal.** (b) Date thereof **11/6/1942.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation **Denver, Colorado.**

(c) Where did injury occur?.....
(City or town) (County) (State)

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

(b) Address **#7233 Delman Blv'd.**

23. Signature **Walter H. Spooneman** (M. D. or other)
Address **1506 Wt. Louis** Date signed **11/4/42**

19. (a) **NOV 5 1942** (b) **J. F. Prodeak**
(Date received local registrar) (Registrar's signature)

*Dr. Victor N. Jerneman
1506 St. Louis Ave.
St. Louis, Mo.
1905 1-2*

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 *Bradford A. Miles*
Licensed Embalmer No. *2901*
P. O. Address *University City - Mo*

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.