

FILED FEB 24 1943

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 340

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Route 3 Box 171 Baden Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Since Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Baden Station
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3 Box 171
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Burrows

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1943 hour 9 minute 45 AM

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased May 16, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 to Feb 9 1943

that I last saw her alive on Feb 9 1943

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>14</u>	_____hr. _____min.

Immediate cause of death Acute Nephritis
(Pancreatic disease)
Uremia
Carcinoma of Stomach

Due to _____

Due to _____

Duration
<u>3 days</u>

9. Birthplace Baden Station Missouri
(City, town, or county) (State or foreign country)

Other conditions 462
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Harper

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Sarah e Richard

15. Birthplace England 4
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of Stomach
Of operations (Operation performed (1900))

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Emma Burrows

(b) Address Route 3 Box 171 Baden Station

17. (a) Burial (b) Date thereof 2/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) CECIL O. GAY (b) C. D. McLaughlin
(If not alive, date of death) (Registrar's signature)

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 _____

23. Signature Wm A Knight (M. D. or other)

Address 8201 N. Broadway Date signed 2/12/43

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

2600

86

FEB 10 1943 704

MAR 8 1943

MAR 2 1943

AUG 21 1944

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

William G. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis, 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.