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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19450

Registration District No. FILED JUN 25 1943 818

Primary Registration District No. 1003

Registrar's No. 5505

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 HOURS (Specify whether

In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17 910

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4474A LABADIE AVE
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ETHEL MAE BURG

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) - 20 (Day) - 1942 (Year)

8. AGE: Years 0 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name LAWRENCE BURG
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ALTA KINWORTHY
15. Birthplace BLOOMINGROSE (City, town, or county) MO (State or foreign country)

16. (a) Informant Lawrence Burg

(b) Address 4474 Labadie ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor ave

19. (a) JUN 16 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

JUN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 9 minute 50 A-M.

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

Immediate cause of death Acute Peritonitis Gangrenous Intestines

Due to Congenital absence of mesentery

Due to

Other conditions (Include pregnancy within 3 months of death) 1231

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Thomas F. Callaway (M.D. or other)

Address Deputy Coroner Date signed 6-17-43

(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 Clement McNeal

Licensed Embalmer No. 3732

P.O. Address St Louis

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.