V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35105

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9820

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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

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. 2309 Eugenia
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MITTIE BURNS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 2

5. Color or race col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 26th (Day) 1898 (Year)

8. AGE: Years 46 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Pine Bluff (City, town, or county) Ark (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Took
13. Birthplace Unk (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Louise Brown
15. Birthplace Unk (City, town, or county) Ga (State or foreign country)

16. (a) Informant Mildred Watson
(b) Address 2341 Eugenia Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randolph Son
(b) Address 3138 Bell Avenue

19. (a) NOV 13 1945 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 11-6, 1945, to 11-11, 1945 that I last saw her alive on 11-11-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Pneumonia	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations
Of autopsy No

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 Chas. T. Atkinson (M. D. or other)
Address 2601 N Willow Date signed

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.