. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 14910

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4030

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: 1303 S. 13TH. ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTT 100

(c) City or town CHAFFEE 1
(If outside city or town limits, write "RURAL")

(d) Street No. HINDMAN ROAD NR 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME MOLLIE BURNS

3. (b) If veteran, name war ✓

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife W. E. BURNS

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased FEB. (Month) 1 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	2	15	hr. ..... min.

9. Birthplace NO RECORD (City, town, or county) ILLINOIS (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business Housework

FATHER
12. Name George Bryant 1
13. Birthplace no record (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name REBECCA NO RECORD
15. Birthplace NO RECORD (City, town, or county) NEBRASKA 1 (State or foreign country)

16. (a) Informant LUTHER STAFFORD
(b) Address 1303 S. 13TH. ST. LOUIS MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Union Bank Cem

18. (a) Signature of funeral director Mr. Stubb Chaffee Mo
(b) Address Chaffee Mo

19. (a) APR 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 16th
year 1947 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 28, 1946 to April 16, 1947
that I last saw her alive on April 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1943
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 H. G. Moore (M. D. or other)
Address 917-5018 Date signed 4-16-47

(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 C. J. Loberg

Licensed Embalmer No. 3810.

P. O. Address Cape Girardeau, 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.