

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14911
Registrar's No. 4037

Registration District No. 378

Primary Registration District No. 1003

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5435 Neosho St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARY ELLEN BURRUS

3. (b) If veteran, name war. None 3. (c) Social Security No.

20. DATE OF DEATH: Month April day 17
year 1947 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15
1946 to April 17 1947
that I last saw her alive on April 17 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Gabriel
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 8 1893
(Month) (Day) (Year)

Immediate cause of death.....
Acute myocarditis
Arteriosclerosis
due to
hypertension
concern of kidney (R.)
Duration
1 day
4 years
6 months

8. AGE: Years Months Days If less than one day
53 6 9 hr. min.

Due to.....
Other conditions (Include pregnancy within 3 months of death).....

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

11. Industry or business.....

12. Name Patrick Grant

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

14. Maiden name Louisa Byer

15. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Burrus

(b) Address 5435 Neosho St.

17. (a) Burial (b) Date thereof 4 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 18 1947 (b) [Signature]
(Date received local registrar) (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 Albert J. Brina (M. D. or other).....

Address 1841 1/2 St Date signed 4/18/47

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 ^{and}.....

Dale Stearns....., Registered Apprentice No. 420
working under my personal supervision.

Signed Richard W. Storrard.....

Licensed Embalmer No. 4007.....

P. O. Address.....

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.