

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28057

FILED SEP 5 1950

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State File No. _____

7336

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5381 Delmar Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) _____		c. (Last) <u>Burnside</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 3, 1870</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>John Patrick Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Duffy</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Burnside, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Masonic Home of Missouri</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>157X</u>					
22. I hereby certify that I attended the deceased from <u>8/19/30</u> , 19 <u>30</u> , to <u>8/27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/27/30</u> , 19 <u>30</u> , and that death occurred at <u>4:40 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Albert H. Hoppe, M.D.</u>				23b. ADDRESS <u>508 N. Grand Blvd.</u>		23c. DATE SIGNED <u>8/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>AUG 28 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe-4700 Washington Blvd</u>					

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm S. Salpeter

Licensed Embalmer No. 5699

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.