

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

318

State File No. 42810
 1003 Registrar's No. 11035

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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 township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		159
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Of The Friendless</u>			d. STREET ADDRESS (If rural, give location) <u>4431 So. Broadway</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) _____	c. (Last) <u>BURLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11 1951</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>Nov 1-1859</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo, D</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Henry Kasten</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Burlis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William E. Burlis, 6910 Eugene Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APOPLEXY</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Hemiplegia (left)</u>		<u>3 days</u>
	DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>		<u>5 yrs</u>
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>334X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 10 30</u> , to <u>Dec 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>51</u> , and that death occurred at <u>6:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas E. Hardman MD</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>12/11/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 13 1951</u> <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Mo.</u>				

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 _____

working under my personal supervision.

Signed

Harry J. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *2514 S Broadway*

Note: (The above MUST BE SIGNED BY THE LICENSE 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.