

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41630

FILED NOV 25 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2811</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY OR TOWN <u>Gardenville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4746 Seibert</u>				e. STREET ADDRESS (If rural, give location) <u>4746 Seibert</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u>			b. (Middle)			c. (Last) <u>Burne</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1953</u>								
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Dec 11, 1877</u>		
9. AGE (In years) <u>75</u>		IF UNDER 1 YEAR <u>75</u> Months		IF UNDER 24 HRS. <u>75</u> Hours		IF UNDER 24 HRS. <u>75</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home - Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jacob Christian 4746 Seibert</u>				
18. CAUSE OF DEATH For only one cause per (a) for (a), (b), and (c)		MEDICAL CERTIFICATION						
<p><i>Does not mean the manner of dying, such as asphyxiation, asphyxia, etc., means the direct injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Metastases</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>June 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cx Carcinoma Cervix metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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?				
22. I hereby certify that I attended the deceased from <u>8/21</u> , 19 <u>53</u> , to <u>10/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-28-53</u> , 19 <u>53</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. von Kameel / Albert Rejzels</u>				23b. ADDRESS <u>Missouri State Hwy - St. Louis</u>		23c. DATE SIGNED <u>10-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-31-53</u>		REGISTRAR'S SIGNATURE <u>Herkert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>				

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

can be used

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.....
Signature of Student Embalmer

Signed *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 Travis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 41630

State of Mo
County of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2811

On this 20 day of November, 1953, before me appears L. Wester

who, upon his oath, states that the original record of birth
for Linda Burns died October 29, 1953, in the State of Mo

Missouri, and which was filed at St Louis County on Nov 1, 1953, should be corrected as follows:

Item No. 8 should read Dec 11, 1877

Instead of Dec. 11, 1876

Item No. 9 should read 75

Instead of 76

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. Wester neph
Relationship.

7027 Harris
Present Address.

Subscribed and sworn to before me this 20th day of November, 1953

My Commission expires Feb. 20, 1954 W. J. J. J. J. J. Notary Public.

NOV 25 1958