S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7550

Primary Registration District No. 1003

Registrar's No. 2882

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: 502 E. GANO AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether

In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17-9

(d) Street No. 502 E. GANO AVE (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LILLIE AGNES BURROWS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife R. GEORGE BURROWS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased NOV. (Month) 20 (Day) 1883 (Year)

8. AGE: Years 61 | Months 4 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 1

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

MOTHER FATHER

12. Name UNK. BACHUS

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

MOTHER

14. Maiden name UNKNOWN

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

16. (a) Informant R. GEORGE BURROWS

(b) Address 502 E. GANO AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/28/45 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Quednoyer

(b) Address 3934 N. 20 ST.

19. (a) MAR 24 1945 (Date received local registrar) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAR day 23-45 year 1945 hour 6.40 minute A M.

21. I hereby certify that I attended the deceased from 3/16 to 3/23, 19 45 that I last saw h alive on Mar 23, 19 45 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic pneumonia As	6 hrs
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:

(c) 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

23. Signature ... (M. D. or other)

Address 4114 N. Hanover Ave. Date signed 3/23/45

(Licensed Embalmer's Statement on Reverse Side)

Medler

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.