

12009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

S. No. 2

M-2-43

5-17-39

I X35697

FILED APR 13 1944

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. 860

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1017-East Park Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 2-Years
 years, months or days)

3. (a) PRINT FULL NAME Eliza Myrtle Burch3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. M
 6. (b) Name of husband or wife Floyd 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Oct 30 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 8 hr. min.

9. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Elias Kerns
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer White
 (b) Address 1017-E-Park U. City, Mo.
 17. (a) Removal (b) Date thereof 4-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation California, Mo.

18. (d) Signature of funeral director William Aaron Brown
 (b) Address 2504-Woodson Rd-Overland Mo
 19. (a) APR 11 1944 (b) E. G. McEwan, MD
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1017-East Park Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
 year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 6th
1944 to April 7th 1944
 that I last saw her alive on April 7th-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Septic Carcinoma
 Due to ?

Due to ?

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (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 no

23. Signature J. D. Thurmon (M. D. or other)
 Address 6083 Page Date signed 4-8-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 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.