OCT 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25346

1. PLACE OF DEATH
County St. Louis
Township Central
City ~~St. Louis Mo.~~ Maplewood (No. 7346 Maple Ave. St. Ward)
Registration District No. 786
Primary Registration District No. 4469
File No.
Registered No. 45

2. FULL NAME Benjamin E. Burton
(a) Residence. No. 7346 Maple Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Burton.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1871.

7. AGE: Years 56 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Asst. Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) Liggett & Meyers
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas W. Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Paulin Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Mary Burton
(Address) 7346 Maple Ave.

15. FILED 8/22, 1927 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to Aug. 21, 1927, that I last saw him alive on Aug. 21, 1927, and that death occurred, on the date stated above, at 4:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorrhage
131
82A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis (duration) several yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure & urinalysis

(Signed) Vincent F. Townsend, M. D.
8/22, 1927. (Address) 3101a Sutton Ave, Maplewood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Charles Cem.
DATE OF BURIAL: Aug. 24 1927.

20. UNDERTAKER: Ziegenheim Bros.
ADDRESS: 2623 Cherokee

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.