

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

Do not use this space.

15297

15030

1. PLACE OF DEATH

County..... Registration District No. 701
 Township St. Louis Primary Registration District No. 1003 File No.
 City St. Louis No. 4024 Blaine Ave Registered No. 0229
 St. Ward

2. FULL NAME

Cella Burton
 (a) Residence No. 4024 Blaine Ave, 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
51 | 8 | 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) at Home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas Westbrook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Johanna Coyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
 (STATE OR COUNTRY)

14. INFORMANT Hazel Kitson
 (Address) 4024 Blaine Ave

15. FILED 1082 Wm C Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26th 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/3 1928 to 4/16 1928, that I last saw him alive on 4/16/28, and that death occurred, on the date stated above, at 7 10 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Addison Disease
63 (duration) yrs. 4 mos. ds.
 CONTRIBUTORY (SECONDARY) Acute myocarditis
 (duration) yrs. 1 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 Lab + Physical
 (Signed) Stephen Vejeer, M.D.
 (Address) 3202 Oak

*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 S. S. P. + Pauls. Cem. DATE OF BURIAL Apr. 18th 1928

20. UNDERTAKER Wm Schumacher ADDRESS 3013 Meramec St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

52028 (10/14/10)

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