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

Do not use this space.

2608

File No. 7801

Registered No. 301

1. PLACE OF DEATH

County LT

Registration District No. 4043

Township

Primary Registration District No.

City St. Louis, Mo. (No. 4625 Delor St. Ward)

2. FULL NAME George W. Burton

(a) Residence. No. 4625 Delor St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	10	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sig. Boiler & Elevator Dept

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Richard P. Burton

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

12. MAIDEN NAME OF MOTHER Anna Lillyquist

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

14. INFORMANT Hilda Burton
(Address) 4625 Delor Street

15. JAN 10 1932 FILED, 19 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to Jan 9, 1932 that I last saw him alive on Jan 9, 1932, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dis of Heart

928 G. H. C.

105

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) 5 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? Clinical Symptoms

(Signed) R. Dr. Richerman, M. D.

1/9, 1932 (Address) 2818 S. Kingshighway

*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	DATE OF BURIAL
Valhalla	Jan. 11 1932
20. UNDERTAKER	**ADDRESS**
Ulrich Bros	2291 S. Grand

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.