

RECD NOV 16 1938

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

33907
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City MO (d) Street No. 3052 MARCUS Registered No. 8893
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 640 Stillborn Burlew
 (a) Residence, No. 3052 MARCUS AVE St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 19 38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Stillbirth
6 1/2 mo gestation
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify John H. M. Sweeney, M. D.
 (Signed) _____ (Address) 5014 Thekla Ave

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

FATHER
 13. NAME Harold Burlew
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
 15. MAIDEN NAME Dorothy Owsley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Harold Burlew
 (ADDRESS) 3052 MARCUS

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10/12/38

19. FUNERAL DIRECTOR SULLIVAN
 (ADDRESS) 5849 No. Euclid

20. FILED OCT 12 1938 St. Loredeck
 Local Registrar.

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.

47704
The
L.E.

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)