

7 19 1938

REC'D NOV 4 1938

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

36863
Do not use this space.

1. PLACE OF DEATH 2
 (a) County St. Louis
 (b) Township 1
 (c) City Webster Groves
 (d) Street No. 936 Twining Pl.
 (e) Length of residence in city or town where death occurred 6.35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howell U. Burton
 (a) Residence, No. 936 Twining Pl. St. (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 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 A. Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationery
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
 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) 10-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1931 to Oct 17, 1938
 I last saw him alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 4:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Cholelithiasis
9381
 Date of onset 3/14/37

Other contributory causes of importance
Myocarditis
Pepticonitis due to perforation of gall bladder
10-16-38
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____
 (Signed) Ralph E. Gaston M. D.
 (Address) Webster Groves, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee /

FATHER
 13. NAME Unknown Burton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. /

MOTHER
 15. MAIDEN NAME Unknown /
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. /

17. INFORMANT Mary A. Burton
 (ADDRESS) 936 Twining Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 10-19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary
4228 So. Kingshighway
G. R. Meyer M.D.
 Local Registrar

20. FILED _____, 19____

OCT 19 1938

(Licensed Embalmers' Statement on Reverse Side)

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.

R.E. Gaston
17 E. Lockwood Re. 3200
8-98
4-5
7-8

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 Edwin M. Bernatt

Licensed Embalmer No. 3024

P. O. Address _____

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, above space should be left blank.