

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26920
Registrar's No. 6712

REC'D SEP 17 1941

Baby 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: St. Mary Hospital Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 2014 1/2 RIDDLE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (c) PRINT FULL NAME Margie Burrow (Baby)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Wk 13 weeks 3 days
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>24</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name William Burrow
13. Birthplace Red Bird Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ford
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Burrow
(b) Address 2014 1/2 Riddle St.

17. (a) Buried (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Gus Howe
(b) Address 2930 Dickson St.

19. (a) AUG 15 1941 (b) J. H. Hedrick
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 1941 hour 4:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from Aug 15 1941 to Aug 17 1941
that I last saw her alive on Aug 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Broncho pneumonia
Primary
Due to Diarrhea cause unknown
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 119a
Of operations _____
Of autopsy Broncho pneumonia
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. W. Gray (M. D. or other)
Address 4330 Easton Ave Date signed 8/17/41

USE CAPS AND BLACK INK—MAKE 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.

Not embalmed

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.....

Licensed Embalmer No.....

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.