S. No. 2
—9-4-41
5-17-39
PI X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8359

State File No. 3001

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER PHILLIPS. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether

In this community 25 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 22 000 17

(c) City or town ST LOUIS 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2738a MARKET ST (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louise BURTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 6 (Month) 18 (Day) 1884 (Year)

8. AGE: Years 57 Months 9 Days 11 If less than one day hr. min.

9. Birthplace PINE BLUFF ARK (City, town, or county) (State or foreign country)

10. Usual occupation HOUSWORK

11. Industry or business

FATHER
12. Name CLAY HAMPTON
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Rook

(b) Address 2738a Market

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Ave

19. (a) APR 3 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1942 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19.... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Caroner Date signed 3/30/42

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.