

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3108**

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **over 1 year**
(Specify whether years, months or days) **33 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **5**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **5622 Delmar Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **MATTIE B. BURTON**

3. (b) If veteran, name war ******* 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Labron W. Burton** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **August 31, 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **7** Days **4** If less than one day hr. min.

9. Birthplace **Camden, Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John P. Morris** 13. Birthplace **Camden, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Bowles** 15. Birthplace **Paris, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myron O. Burton**
(b) Address **5622 Delmar Blvd., St. Louis**

17. (a) **Burial** (b) Date thereof **Apr. 7, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Alexander Sons, Inc.**
(b) Address **6175 Delmar Blvd., St. Louis, Mo.**

19. (a) **APR 7 1942** (Date received local registrar) **J. F. Bledock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1942** hour **9** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Oct. 22, 1937** to **April 4, 1942**
that I last saw her alive on **April 4, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **3 days**

Due to **Hypertensive heart disease** years

Due to **Generalized arterio-sclerosis and chr. myocarditis** years

Other conditions (Include pregnancy within 3 months of death) **93 d**

Major findings: Of operations **13**

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?.....

While at work? (Specify type of place) (e) Means of injury **1)**

23. Signature **H. G. Newman** (M. D. or other) **M. D.**
Address **3720 Washington** Date signed **4-6-42**

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

079

J. H. G. Newman
3720 Washington
130 - 5

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 Jos. S. McCulloch
Licensed Embalmer No. 2468
P. O. Address 6195 Delmar

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, fact should be so stated above.