

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 6 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4454 OAKLAND
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nonia Burton

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife CLIFFORD BURTON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 6 - 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 23 If less than one day
.....hr.min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business.....

MOTHER FATHER } 12. Name VNK HOWARD
13. Birthplace VNK
(City, town, or county) (State or foreign country)
14. Maiden name LOTTIE GOOCH
15. Birthplace VNK
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Shoults
(b) Address 4454 Oakland Av.

17. (a) BURIAL (b) Date thereof OCT 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schur
(b) Address 3125 Lafayette av.

19. (a) SEP 29 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29,
year 1942 hour 12:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 23,
1942 to September 29, 1942
that I last saw her alive on September 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Diabetes Mellitus
Complications of the brain
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

1 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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. F. Busch (M. D. or other)
Address 1515 Lafayette Date signed 9/29/42

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 Joseph B. Vollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette Ave

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.