S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31797

Primary Registration District No. 1002

Registrar's No. 9136

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo. 25days. (Specify whether
In this community About 49years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: Missouri (b) County: 17 8
(c) City or town: St. Louis 6 (If outside city or town limits, write "RURAL")
(d) Street No.: 8945 Newby Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM BURROWS

3. (b) If veteran, name war: NONE

3. (c) Social Security No. 492-10-1768

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: FLORENCE Burrows

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

7. Birth date of deceased: March 20, 1893 (Month) (Day) (Year)

8. AGE: Years 49 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business:

FATHER
12. Name: Arthur Burrows
13. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Anne
15. Birthplace: St., Louis (City, town or county) Missouri 0 (State or foreign country)

16. (a) Informant: L. Deggendorf
(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Freedens Cem.

18. (a) Signature of funeral director: Siedrich Funeral Home
(b) Address: 8319 Halls Ferry Rd.

19. (a) NOV 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1942 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from 9-7-42, 19..., to 10-31-42, 19...; that I last saw h. is alive on 10-31-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gen. Paralysis of Insane 2yrs. x

Due to: Syphilis 9-7-42x

Due to:

Other conditions: Cerebral Thrombosis
(Include pregnancy within 3 months of death)
left hemiplegia

Major findings:
Of operations:
Of autopsy: No.

Duration

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: 0

23. Signature: Stanley S. Nemec (M. D. or other) M.D.
Address: 5400 Arsenal St. Date signed

(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. Welford G Burnley

Licensed Embalmer No. 4202

P. O. Address. St Louis Mo

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.