

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29266

FILED AUG 28 1943

Registration District No.

Primary Registration District No. 3070

Registrar's No.

1920

1. PLACE OF DEATH:

(a) County ST LOUIS
 (b) City or town WEBSTER GROVES
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
530 RIDGE AVE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 YRS
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM ALEXANDER BURDEN3. (b) If veteran,
name war NO3. (c) Social Security
No. NONE4. Sex MALE 5. Color or
race WHITE 6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife MARY E BURDEN 6. (c) Age of husband or wife if
alive 70 years7. Birth date of deceased JUNE 15-1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 2 8 — hr. — min.9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation CONTRACTOR & BUILDER

11. Industry or business

12. Name JOAN K. BURDEN13. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name ELEANOR F. PILCHER15. Birthplace SPRINGFIELD ILLINOIS
(City, town, or county) (State or foreign country)16. (a) Informant Wm. C. Burden(b) Address 530 RIDGE AVE WEBSTER GROVES17. (a) BURIAL (b) Date thereof AUG 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BELLEFONTAINE CEM.18. (a) Signature of funeral director Parker and Co(b) Address WEBSTER GROVE, MO.19. (a) AUG 24 1943 (b) C. D. McGarvey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
 (c) City or town WEBSTER GROVES
 (If outside city or town limits, write "RURAL")
 (d) Street No. 530 RIDGE AVE.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1943 hour 5:30 minute 2 M.21. I hereby certify that I attended the deceased from Feb
2nd, 1943, to Aug 23, 1943
that I last saw him alive on Aug 23, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Chronic 4yr.Due to Nephritis Chr. Glomerular 2yrDue to Arterio Sclerosis 18yrOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Ralph E. Gaston (M. D. or other)
Address Webster Groves, Mo Date signed 8/24/43

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

C. C. Aldrich

Licensed Embalmer No.

1332

P. O. Address

Webster Groves

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.