

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/13/43 to 11/16/43
(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. 3215 Lucas 3rd Floor.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Walter Burford.

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

4. Sex Male 5. Color or race Colored. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4th 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 12 .hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Francis Burford.

13. Birthplace Oklahoma Okla. (City, town, or county) (State or foreign country)

14. Maiden name Louise Burford. (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady.

(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof Nov 18 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Mrs Dowell
(b) Address 1744 N. Taylor Ave.
19. (a) NOV 18 1943 (b) J. R. Burford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th
year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11/13
1943 to 11/16 19 43
that I last saw him alive on 11/16 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death
Ac. Meningitis (Probably Influenzal)

Due to _____
Due to 30
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy Meningitis
Pres. filling subarachnoid space with blood
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 Per Dr. R. Maxwell (M. D. or other) 0
Address Isolation Hospital. Date signed 11/16/43

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

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.....

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address

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, above space should be left blank.