S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 130

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 40

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Indiana (b) County Vigo 12

(c) City or town Terre Haute (If outside city or town limits, write "RURAL") N.R.

(d) Street No. 2909 Oak St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Clarence Albert Burrows

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kathryn Burrows

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. (Month) 8 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
50	0	25	hr. min.

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

10. Usual occupation R. R. Engineer

11. Industry or business

FATHER

12. Name Davis M. Burrows

13. Birthplace Norwitch (City, town, or county) England (State or foreign country)

MOTHER

14. Maiden name Georgia Ann Cook

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

16. (a) Informant Kathryn Burrows

(b) Address 2909 Oak, Terre Haute, Ind.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Terre Haute, Ind.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour 12 minute 32A M.

21. I hereby certify that I attended the deceased from Dec 26, 1943, to Jan 3, 1944 that I last saw him alive on Jan 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Plasma cell myeloma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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

23. Signature M. C. Abney O (M. D. or other)

Address BARNES HOSPITAL Date signed 1/4/44

(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.....

Licensed Embalmer No. 2971

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, fact should be so stated above.