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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25488

State File No.

Registration District No. 1818 Primary Registration District No. 1002 Registrar's No. 7023

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 32 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 1726
(If outside city or town limits, write "RURAL")

(d) Street No. 3824 FLORISSANT 9
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN BURTON

3. (b) If veteran, name war MO

3. (c) Social Security No. NO

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years about 78 Months Days If less than one day hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant FRED G. STAUCH
(b) Address 3605 MEREMEC

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/10/45 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET

18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 LAFAYETTE

19. (a) AUG 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1945 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 8/8/45, 19, to 8/9/45, 19;
that I last saw him alive on 8/9/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration
Due to Arteriosclerosis
Due to
Other conditions: Cirrhosis of Liver — 9 a.l
(Include pregnancy within 3 months of death)
Primary Bile Duct Carcinoma

Major findings:
Of operations
Of autopsy

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 James J. Stark (M. D. or other)
Address 1515 Lafayette 8/9/45 Date signed

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

(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 L. R. Cooper

Licensed Embalmer No. 3653

P. O. Address 2317 Lafayette

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.