

FILED MAR 27 1946

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 654

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 2/5/46
In this community 3 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3852 Russell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT BURTON, James E.
FULL NAME

3. (b) If veteran, name war World I 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 Esther Burton 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased October 9 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Burton
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Alice Cooper
15. Birthplace Paragould, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL (b) Date thereof 3-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARAGOULD, ARK

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Pine Blv

19. (a) 3-19-46 (b) E. M. Sarauin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1946 hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from 2/5/46, 19____, to 3/15/46, 19____;
that I last saw him alive on March 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMATOSIS, PERITONEAL

Duration UNK

Due to 46 m

Due to _____

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

Major findings: Of operations No Operation

Of autopsy No 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) NO

(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) _____ means of injury _____

23. Signature L. E. STILWELL, M.D. (M. D. or other) _____

Address Vet. Adm. Hosp. Jeff. Brks. Mo Date signed 3/16/46

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

9629

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 Broadway*

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.