No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38446

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9810

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether

In this community 25 yrs.
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. 2312 Chestnut
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harvery Burton

3. (b) If veteran, name war N.O

3. (c) Social Security No. No

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Morris

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 2 (Month) 28 (Day) 1909 (Year)

8. AGE: Years 37 Months 8 Days 15 If less than one day hr. min.

9. Birthplace E. ST. Louis (City, town, or county) Ills (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name Will Burton
13. Birthplace Tenn (City, town, or county) (State or foreign country)

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

16. (a) Informant Morris Burton
(b) Address 2312 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bernice Love
(b) Address 3103 Washington

19. (a) NOV 18 1946 (Date received local registrar) (b) J. F. Bredbek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from
9-15, 1946 to 11-13, 1946
that I last saw him alive on Nov. 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Malignant Hypertension with Uremia — Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 C. E. Williams (M. D. or other)
Address 2601 N Whittier Date signed

(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. H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 Aldine

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.