

No. 2
-12-45
-17-39
X47070

FILED APR 14 1947

Primary Registration District No. 1003

Registrar's No. 3511

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
2629^a Bernard St. 1
(If not in hospital or institution, write street number or location)

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

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
22

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2629^a Bernard St. 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry Burrell

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 11 minute 500 M.

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Birdie Burrell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 4, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day

62 7 26 hr. _____ min.

Immediate cause of death

Carter's Syndrome

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

10. Usual occupation Janitor

Due to _____

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name John Burrell

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

14. Maiden name Nicie Jones

15. Birthplace Sparta Ill 1
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Birdie Burrell

(b) Address 2629^a Bernard St

17. (a) Burial (b) Date thereof 4/3/47
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (c) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Ave

19. (a) APR 2 1947 (b) J. Brednich
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter Perry (M. D. or other) _____

Address Superior Date signed 4/11/47

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Melvin E. Green
Licensed Embalmer No. 4428
P. O. Address St. Louis, Mo.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. AprilRegistration District No. 318Primary Registration District No. 1003Registrar's No. 851A

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:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)3. (a) PRINT
FULL NAME Harry Burrell

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced.....

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

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

8. AGE: Years 62 Months 7 Days 4 If less than one day.....
 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....
 13. Birthplace.....
 (City, town, or county) (State or foreign country)

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

16. (a) Informant.....

- (b) Address.....

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

- (c) Place: burial or cremation.....

13. (a) Signature of funeral director.....

- (b) Address.....

19. (a) 4-2-1947 (b) J. F. Burrell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 29
 year 1947 hour..... minute..... M.

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

Immediate cause of death.....

Duration.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

APR 21 1947

S-107635