

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community Since 1912 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Labron W. Burton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Mattie B. Burton, Dec.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Livestock Buyer

11. Industry or business Packing Houses

12. Name Geo. W. Burton
13. Birthplace Norfolk, Va.
(City, town, or county) (State or foreign country)
14. Maiden name Emily Bellew
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. J. Schindler
(b) Address 718 Columbia Ave, Oak Park, Ill.

17. (a) burial (b) Date thereof 15-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla
18. (a) Signature of funeral director: Alexander Sons
(b) Address 6175 Delmar

19. (a) MAY 29 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5015 Delmar
(If rural, give location)
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1947 hour 6: minute 55 A. M.
21. I hereby certify that I attended the deceased from May 27
1947 to May 28 1947
that I last saw him alive on May 27
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to Arteriosclerosis
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration 18 hrs

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____
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?

While at work _____ (Specify type of place)
Means of injury _____
23. Signature Geo. W. Stacey (M. D. or other)
Address 3920 Washington Date signed 5-29-47

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

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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

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address

6175 Delmar

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.