S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42894

Primary Registration District No. 1003

Registrar's No. 12047

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 11 (Specify whether years, months or days)
In this community

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. 1218a Hebert (rear)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD BURROWS
3. (b) If veteran, name war –
3. (c) Social Security No. –

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amelia Quigley Burrows
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1890 (Year)

8. AGE: Years 57 Months 5 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Shoeworker
11. Industry or business

FATHER
12. Name Frank Burrows
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Rutherford
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Stella Sykes
(b) Address 3645 Hebert St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) DEC 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1947 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to 12/30/47, 19...; that I last saw him alive on 12/30/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	10 years +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

PHYSICIAN — Underline the cause of 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 John H. Hunner (M. D. or other) MD
Address 1515 Lafayette Date signed 12/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Licensed Embalmer No. 4366

P. O. Address _____

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.