#52634

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6823

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 (Specify whether
In this community 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. 1026 Goodfellow
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OTTO BURRO

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

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

8. AGE: Years	Months	Days	If less than one day
about 69			hr. min.

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

10. Usual occupation Unk.

11. Industry or business

FATHER

12. Name Unk.

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

MOTHER

14. Maiden name Unk

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

16. (a) Informant R. C. Burro

(b) Address Salem, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Millstadt Ill.

18. (a) Signature of funeral director Jos. J. Quinn

(b) Address 1389 Union Blvd.

19. (a) AUG 3 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1948 hour 5 minute 35 P M.

21. I hereby certify that I attended the deceased from May 5th 1948, 19, to August 1st, 1948

that I last saw him alive on August 1st, 1948

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Squamous Cell Carcinoma of Rt maxillary sinus	1 year
~~Due to~~ Bronchopneumonia	
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 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 R. R. Moorman. M.D. (other)

Address 1515 Lafayette Date signed 8/2/48

(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 Ronald C Yahnke

Licensed Embalmer No. 3917

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.