

S. No. 30
M-10-47
v. 5-17-39
P. 1 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1005

33977

State File No.

Registrar's No. 9057

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County None

(b) City or town Saint 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 One week
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4011 West Belle Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME BURTON, Harry

3. (b) If veteran, name war None

3. (c) Social Security No. 489-01-4489

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,
year 1948 hour 7 minute 30 P. M.

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

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 15th, 1892
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

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

56		6	29	hr. _____ min.
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Immediate cause of death Deer shot wound of chest
Revs' inflicted with glass in the hands of Nick Remey
Due to Milton Raudall, Cal. when the deceased fired through the door into the Elkhead Tavern 926 No Sarah St
Other conditions: Grand 3:07 PM, October 7th 1948.

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

10. Usual occupation Laborer

Major findings: Of operations H&O

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Laclede-Christy

12. Name Aaron Burton

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

14. Maiden name Lucy Wilkerson

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

16. (a) Informant Pearl Burton

(b) Address 4011 West Belle Place

17. (a) Burial (b) Date thereof 10/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 10/7/48

(c) Where did injury occur? Saint Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? No (c) Means of injury _____

19. (a) OCT 19 1948 (b) J. B. Lanter
(Date received local registrar) (Registrar's signature)

23. Signature Saturn E. Taylor (M. D. or other) 3

Address 1300 Clark Avenue Date signed 10/14/48

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.....

John K. Cunningham.....

, Registered Apprentice No.....

working under my personal supervision.

Signed *John K. Cunningham*.....

Licensed Embalmer No. **4476**.....

P. O. Address. **4107 Finney Ave**.....

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.