

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>2618 Pine St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) _____	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>2618 Pine Street,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2618 Pine St. 1</u>			

3. NAME OF DECEASED (Type or Print) <u>Fred</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Burrell</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>14</u> (Year) <u>1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 9, 1890</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grand Central Tr.</u>				11. BIRTHPLACE (State or foreign country) <u>Richmond, Virginia.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W. War I</u>			16. SOCIAL SECURITY NO. <u>495-14-4876</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Burrell</u>			ADDRESS <u>2618 Pine St</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOBAR PNEUMONIA</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>140X 108</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
19c. INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>									

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from DEC 2, 1949, to JAN. 14, 1949, that I last saw the deceased alive on 1/14, 1949 and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clavis H. Beane M.D.</u>		23b. ADDRESS <u>219 N. Jefferson Ave.</u>		23c. DATE SIGNED <u>1/15/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Roberts</u>		ADDRESS <u>1416 N. Taylor Ave.</u>	
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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.....

Student Embalmer No. 290

working under my personal supervision.

Student James Carter

Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Harris 137M

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.