

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17133
4341

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>1 City Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) <u>17</u>		c. CITY OR TOWN <u>ST LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>4015 North 20th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4015 North 20th</u>			
3. NAME OF DECEASED (First) <u>ELVA</u> (Middle) <u>IRENE</u> (Last) <u>BURROW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 49</u>				
5. SEX <u>FEMALE</u>		b. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 31, 25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>restaurant operator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>Mammoth ARKANSAS</u>	
13a. FATHER'S NAME <u>Sanford Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Porter</u>		14. NAME OF HUSBAND OR WIFE <u>FREEMAN BURROW</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>FREEMAN BURROW</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage following gunshot wounds of left lung</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u> DUE TO (b) <u>inflicted at the hands of an</u> DUE TO (c) <u>Martin Darsou around 3:46 PM</u> II. OTHER SIGNIFICANT CONDITIONS <u>May 14 1949 in restaurant</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>4015 No 20th Street</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Restaurant</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo Mo</u>		21f. HOW DID INJURY OCCUR? <u>E981X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 14 49 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chad Perry Campbell</u>		23b. ADDRESS <u>1200 Clark</u>		23c. DATE SIGNED <u>5/16/49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>5-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mammoth Springs Ark.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 16 1949</u>		REGISTRAR'S SIGNATURE <u>J. P. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Higginbottom Funeral Service</u> ADDRESS _____			

(Licensed Embalmer's Statement of Reverse Side) Mammoth, Ark.

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.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.