

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42334

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11266

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <u>ST. Louis,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmiry Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>13 5600 Arsenal Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) c. (Last) <u>Burton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 1949</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 15, 1887.</u>	9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>8</u>	11. DAYS <u>15</u>	12. HOURS <u></u>	13. MINUTES <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Bob Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Mallie Whelley</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmiry Records, 5800 Arsenal St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Vascular Disease</u>					
		DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>9300</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>392X</u>	

22. I hereby certify that I attended the deceased from Sept. 28, 1948, to Nov. 30, 1949 that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Masao Ohno M.D.</u> (Degree or title)		23b. ADDRESS <u>5800 Arsenal</u>		23c. DATE SIGNED <u>12/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>DEC 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side) 44 Manchester Ave.

St. Louis 10, Mo.

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 Ralph W. Henson

Licensed Embalmer No. 9794

P. O. Address St. Louis, Mo.

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.