

S. No. 300
V. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3313

4003

93

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>93</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>		4376		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res: 537 Warren Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>#537 Warren Ave.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>ADELLA</u> c. (Last) <u>BURLEY.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan'y 10, 1950.</u>					
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Jan'y 4, 1871.</u>		
9. AGE (In years last birthday) <u>79.</u>		IF UNDER 1 YEAR Months <u>0.</u> Days <u>6.</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home...</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>		11. BIRTHPLACE (State or foreign country) <u>Zanesville, Ohio. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Winfield Scott Richey.</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Emma Cook.</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Burley.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on, or subsequent) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George W. Burley, 537 Warren Ave.,</u>				
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 Hemorrhage, left hemiplegia</u>								
INTERVAL BETWEEN ONSET AND DEATH								
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Arteriosclerosis with Chronic Myocarditis.</u> the underlying cause last.								
DUE TO (c)								
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 <u>422.1</u>					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)				
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?				
22. I hereby certify that I attended the deceased from <u>October 3, 1941,</u> to <u>Jan 10, 1950,</u> that I last saw the deceased alive on <u>Jan. 9, 1950,</u> and that death occurred at <u>3:40 A.M.,</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>812 Olive St. Louis, Mo.</u>		23c. DATE SIGNED <u>1/10/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>1/12/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>1-11-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blvd.,</u>				

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

Dr George F. Rendelman,
812 Olive Street,
Hrs: 12:30 - 4:30.
CH: 9261.

JUN 7 1957

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 Clarence H. Murray

Licensed Embalmer No. 4014

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.