

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6056

State File No. ....

1943

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1005</b>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)<br>township)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | 2139<br>0   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Missouri-Baptist Hospital</b>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5316 A. Odell Ave</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Fermin</b>   |  | b. (Middle)<br><b>K.</b>   |  | c. (Last)<br><b>Burks</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2-26-1950</b>                         |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>1-11-1890</b>  |  |
| 9. AGE (In years last birthday)<br><b>60</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 9. AGE (In years last birthday) Months Days<br><b>60</b>                          |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>John Burks</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Turley</b>                              |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Margaret Burks</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>702-07-3634</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Margaret Burks 5316 Odell Ave</b> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Suppurative Pyelonephritis with abscesses of the left kidney</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>and uremia</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS.<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>6001</b>  |  |  |  | 20. AUTOPSY?<br>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 <b>12 Feb, 1950, to 26 Feb, 1950</b> , that I last saw the deceased alive on <b>26 Feb, 1950</b> , and that death occurred at <b>6:50 PM</b> from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Arthur P. Walley, M.D.</b>   |  |  |  | 23b. ADDRESS<br><b>4500 Olive St. St. Louis</b>  |  | 23c. DATE SIGNED<br><b>2/27/50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>3-1-1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>10180 Gravois Ave</b>         |  |
| DATE REC'D BY LOCAL REG.<br><b>FEB 28 1950</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. B. Lassiter</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Ziegenhain Bros. 6409 Gravois Ave</b>   |  |   |  |

(Licensed Embalmer's Statement (on Reverse Side))

52 No. 300  
10.48Dr. Dalton 4500 Olive Lister Bldg  
FO 3800

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 *Henry M. Brammer* \_\_\_\_\_

Licensed Embalmer No. *4200* \_\_\_\_\_

P. O. Address *St. Louis* \_\_\_\_\_

**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.