

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14402

State File No.

318

1003

3356

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1218 1/2 N Prairie Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1218 1/2 N Prairie Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Dennis</u>		a. (First) _____		b. (Middle) <u>Wood</u>		c. (Last) <u>Burdette</u>	
4. DATE OF DEATH <u>APRIL 8, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct. 14, 1895</u>		9. AGE (In years, months, days, hours, minutes) <u>54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Monroe, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Samuel Burdette</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Height</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene Burdette</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-20-6414</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Burdette</u> ADDRESS <u>1218 1/2 N. Prairie</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung (advanced)</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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.			
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>163X</u>			
21d. TIME OF INJURY (Month), (Day), (Year), (Hour), (Minute) _____		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>Jan. 8th</u> , 19 <u>50</u> , to <u>April-8th</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April-8th</u> , 19 <u>50</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Smith</u> (Degree or title) <u>D. M. D.</u>		23b. ADDRESS <u>901 1/2 Vandeventer</u>		23c. DATE SIGNED <u>Apr-10-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		DATE REC'D BY LOCAL REG. <u>APR 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasserre</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>F. G. Green</u>		ADDRESS <u>4214 Delmar</u>					

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 F. H. Allen

Licensed Embalmer No. 2963

P. O. Address. 4214 Delmar

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.