

5. No. 306  
v. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18948

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1249

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4160	
c. LENGTH OF STAY (in this place) 21 years		d. STREET ADDRESS (If rural, give location) 6423 Woodrow Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6423 Woodrow Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Jeff	b. (Middle) ---	c. (Last) Burton	4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 15, 1903	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Auto body	11. BIRTHPLACE (State or foreign country) Paragould, Arkansas /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Burton	13b. MOTHER'S MAIDEN NAME Gertrude Gardner	14. NAME OF HUSBAND OR WIFE Olive Burton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Olive Burton - 6423 Woodrow Ave	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  2/20
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) renal, giant hypertension		
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 4/20.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21g. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21i. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-21-50 to 5-14-50, that I last saw the deceased alive on 5-14-50, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Colon P. Harris M.D.	23b. ADDRESS 6826 Natural Bridge	23c. DATE SIGNED 5-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/18/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Normandy, Missouri
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DATE REC'D BY LOCAL REG. 5-16-50	REGISTRAR'S SIGNATURE Herbert R. Doube	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. S. P. Harris (1-4)  
6826 Natrual Bridge

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**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 \_\_\_\_\_

*Albert R. Thompson J*

Licensed Embalmer No. *4237*

P. O. Address *H. Jones*

**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.