

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25611

State File No. _____

FILED JUL 19 1950

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1668</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wellston</u>		c. LENGTH OF STAY (in this place) <u>30</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>		<u>430</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6447 Derby Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>6447 Derby Ave.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle) <u>BURNETT.</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 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>Dec. 22, 1875.</u>		
9. AGE (In years: last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Martin Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Anna McCrach</u>		14. NAME OF HUSBAND OR WIFE <u>George Burnett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-9483B</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>George Burnett, 6447 Derby 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>4201</u>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 7, 1950</u> to <u>July 3, 1950</u> , that I last saw the deceased alive on <u>July 3, 1950</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>A. C. Winners</u>				(Degree or title) <u>U. O.</u>		23b. ADDRESS <u>435 France Blvd.</u>		
23c. DATE SIGNED <u>7-10-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.,</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-10-50</u>		REGISTRAR'S SIGNATURE <u>Robert R. Clark</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Womers,
Frisco Bldg.,
GA. 0595 9-5 P.M.

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 Alfred J. Boedeker
Licensed Embalmer No. 2663

P. O. Address 1125 Hodigmont Ave.,

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.