

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34640**
Registrar's No. **9040**

FILED NOV 3 1950

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9040							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Louis 2179					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 4021 Botanical Avenue					
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp. #1.				3. NAME OF DECEASED (Type or Print)		a. (First) ELLIS		b. (Middle) W		c. (Last) BURTON		4. DATE OF DEATH (Month) (Day) (Year) October 22, 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Aug. 21, 1905		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days 2 1		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Ellis Burton Sr				13b. MOTHER'S MAIDEN NAME Mary Holland				14. NAME OF HUSBAND OR WIFE Florence					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Florence Burton 4021 Botanical Avenue						ADDRESS	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hemorrhage from Esophageal Ulcer</i> 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	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" 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? <i>5740.1</i>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.													
23a. SIGNATURE <i>Patrick E. Taylor, Coroner</i>						23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>10-24-50</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>10-26-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wake Charles</i>				24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>OCT 24 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin Fun'l. Hm 2301 Lafayette Ave</i>						ADDRESS	

24 1950

(Licensed Embalmer's Statement on Reverse Side)

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

coroner

CORONER

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 _____

working under my personal supervision.

Student Embalmer No.

Signed: _____

A. G. Farris

Signed.....

Student Embalmer

Licensed Embalmer No. 3384

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.