

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9772**
2351

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3633 Russell		d. STREET ADDRESS (If rural, give location) 3633 Russell	
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Catherine c. (Last) Burton			4. DATE OF DEATH (Month) (Day) (Year) 3/10/52
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/29/1920
9. AGE (In years last birthday) 31		10. MONTHS 11	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Patrick Brady		13b. MOTHER'S MAIDEN NAME Lake Bailey	
14. NAME OF HUSBAND OR WIFE William Burton			
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. 49-14544	
17. INFORMANT'S SIGNATURE OR NAME Ms. M. Burton		ADDRESS 3633 Russell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Cerebrum		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Arteriosclerosis Sclerotic 3 yrs			
DUE TO (c) unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hegmann, Approx 10 wks			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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 684X			
22. I hereby certify that I attended the deceased from 3/9/52 to death , 19 52 , that I last saw the deceased alive on 3/9/52 and that death occurred at 6:30 P.M. from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Paul F. Fletcher M.D.		23b. ADDRESS 632 N. Grand Ave., St. Louis, Mo.	
23c. DATE SIGNED 3/13/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/13/52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAR 12 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
FUNERAL DIRECTOR'S SIGNATURE Jos. A. Howard		ADDRESS 1619 So. Grand	

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

Paul F. Fletcher

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.....
Student Embalmer

Signed

John J. Staines

Licensed Embalmer No. *4608*

P. O. Address *St Louis Mo*

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.