

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

4080

FILED FEB 10 1953

BIRTH NO.

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

541

Registrar's No.

0353

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saint Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> c. LENGTH OF STAY (If applicable) <u>DOA</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u> d. STREET ADDRESS (If rural, give location) <u>720 Frost Street</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ORLANDO</u> b. (Middle) <u>BURSTON</u> c. (Last) <u>BURSTON</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 28 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Col.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 18 - 1915</u>
<b>9. AGE</b> (In years) (last birthday) <u>37</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Construction</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>La Grange, Georgia</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Burston</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>402-01-8101</u>
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mary Burston 720 Frost, Kinloch</u>		

<b>18. CAUSE OF DEATH</b> 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. <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:</b> <u>Severed aorta and hemorrhage - four bullets from a 38 cal. revolver in the hands of Albert Jackson, of Frost &amp; Clay, Kinloch, were fired into his body.</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>E981X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Homicide</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Assailant's home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Kinloch St. Louis Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>1/28/53 10 A. m.</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>21f. HOW DID INJURY OCCUR?</b> Shot four times by Albert Jackson during an argument	

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 \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Arnold J. Willmann, 3rd</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Clayton, Mo.</u>
<b>23c. DATE SIGNED</b> <u>1/30/53</u>	

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-3-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Louis Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis - Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-30-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Hubert R. Danks - M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Boyd Bros.</u>	<b>ADDRESS</b> <u>Kinloch - Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*Edward A. Flynn*

Licensed Embalmer No. 4444  
4548a Page

P. O. Address St. Louis 13, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.