

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12604

State File No.

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 740

4002
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Mo.</u>		c. CITY OR TOWN <u>Wellston ?</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6208 Lotus Avenue, 4301</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>E.</u> c. (Last) <u>Burrows</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio Service Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Proprietor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Douglas M. Burrows</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Weiss</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Etta Burrows</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Etta Burrows, 6208 Lotus Avenue,</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning- suffered in his radio shop at 1614 Kienlen Ave. in his radio shop at 1614 Kienlen Ave. Wellston. Body found on the floor in the garage by his wife.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wellston. Body found on the floor in the garage by his wife.</u> DUE TO (c) <u>All doors of shop and garage were closed.</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Radio shop</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Wellston</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <u>3/5/53 10 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Inhalation of fumes from gas heater & motor running</u>
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22. I hereby certify that I attended the deceased from 9:00 car, 1953, that I last saw the deceased alive on _____, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Arnold J. Williams</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>3/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olive Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffeen, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>3-11-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Daniels - M.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u>
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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.....
Signature of Student Embalmer

Signed *Clement M. Kauf*.....

Licensed Embalmer No. *3132*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.