

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12787

State File No.

BIRTH NO. 27008 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 832

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy Mo</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy 1283 Natural Bridge</u>		d. STREET ADDRESS (If rural, give location) <u>5964 Minerva</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman Benjamin</u> b. (Middle) <u>Burson Jr.</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3 17 53</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-14-53</u>
9. AGE (In years) (Month) (Day) <u>19 years 3 months 3 days</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>St. Louis</u>	
13a. FATHER'S NAME <u>Norman Burson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Reynolds</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norman Burson Sr., 5964 Minerva</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suba Cranial injury due to birth trauma</u> ANTECEDENT CAUSES DUE TO (b) <u>trauma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 <u>7600</u>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3/14</u> , 19 <u>53</u> , to <u>3/17/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/17/53</u> , 19 <u>53</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. K. Garner D.O.</u> (Degree or title)		23b. ADDRESS <u>417 Airport Rd.</u>	
23c. DATE SIGNED <u>3/17/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Naylor, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb - MD</u>	

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 _____

Fred J. Kramer

Licensed Embalmer No. _____

4788

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.