

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1954

State File No.

FILED JUN 4 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5054

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3716 Rutger St.</u>		d. STREET ADDRESS (If rural, give location) <u>3716 Rutger</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie Lucinda</u> b. (Middle) c. (Last) <u>Burks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1953</u>	
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5. SEX <u>Fem. 3</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 17, 1897</u>	9. AGE (In years of last birthday) <u>56</u> if under 1 year: Months <u>2</u> Days <u>1</u> if under 6 mos.: Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Charlie Berry</u>	13b. MOTHER'S MAIDEN NAME <u>Melinda Green</u>	14. NAME OF HUSBAND OR WIFE <u>Hardie Burks - Deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucinda Berry</u>	ADDRESS <u>3716 Rutger</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH <u>March 3, 1953</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal-Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio-Sclerosis and</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Hemiplegia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <u>442X</u>
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22. I hereby certify that I attended the deceased from Oct 8, 1952, to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>St. Louis Schuchet, M.D.</u>	23b. ADDRESS <u>8866 Plaza Place</u>	23c. DATE SIGNED <u>May 19, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery St. Louis Co. Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 19 1953</u>	REGISTRAR'S SIGNATURE <u>Jeal Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. T. Bruce</u>	ADDRESS <u>4469 Washington</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 *J. P. Stark*

Licensed Embalmer No. *4599*

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.