

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37066

State File No.

FILED OCT 23 1953

9510

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

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

1. PLACE OF DEATH a. COUNTY		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) <u>TOWN ST. LOUIS, MISSOURI</u>	c. LENGTH OF STAY (In this place) <u>23 yrs.</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1708a Marcus Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lacey</u>	b. (Middle) <u>nmn</u>	c. (Last) <u>Burse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 1, 1900</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
				<u>53</u>	<u>4</u> Days	<u>29</u> Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pullman Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newport, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Will Burse</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Marzetta Burse</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>709-10-2019</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marzetta Burse</u>	ADDRESS <u>1708a Marcus Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>	DUE TO (b) <u>Myocardial Infarction</u>		<u>12 hours</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>Many years</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION <u>9/25/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>(Nephrostomy) kidney stones</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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>4200</u>

22. I hereby certify that I attended the deceased from 9/4, 19 53, to 9/30, 19 53, that I last saw the deceased alive on 9/30, 19 53, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.R. Bradley</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>9/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>OCT 5 1953</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>	ADDRESS <u>4107 Finney 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.....


Licensed Embalmer No. 4259.....

P. O. Address 4107... Finney

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.