

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13255

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4019</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St Louis, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2730 Lucas Ave</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLARENCE</u>		b. (Middle) <u>(NMI)</u>		c. (Last) <u>BURTON</u>			
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>1</u>		(Year) <u>1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 18, 1902</u>		9. AGE (In years last birthday) <u>52</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broomwinder</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>Richard Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Jenkins</u>		13c. NAME OF HUSBAND OR WIFE <u>Mary Burton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Burton 2730 Lucas Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEPTICEMIA (generalized)</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				? <u>Rheumatic Heart Disease</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 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) <u>4200</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input 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>4-28</u> , 19 <u>54</u> , to <u>5-1</u> , 1954, that I last saw the deceased alive on <u>5-1</u> , 1954, and that death occurred at <u>5:04A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. P. Vermillion, M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>5-1-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 4 1954</u>		REGISTRAR'S SIGNATURE <u>C. P. Vermillion</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. P. L. Peal Und Co. 4303 Delmar</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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Daniel W. Hughes

Licensed Embalmer No. 488

P. O. Address 3123 Bell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.