

FILED OCT 26 1954
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Reg. # 3287 SL 2666

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35203
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 87611

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 OR TOWN <u>915 North Grand Blvd., ST. LOUIS, MISSOURI</u>) c. LENGTH OF STAY (in this place) <u>24 Days</u>		c. CITY OR TOWN <u>ST. LOUIS</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>VETERANS ADMINISTRATION HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>24 3919 CALIFORNIA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>W.</u> c. (Last) <u>BURLINGAME</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-25-54</u>			
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>2-10-19</u>	9. AGE (in years last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSELVILLE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HUBERT BURLINGAME</u>		13b. MOTHER'S MAIDEN NAME <u>CORA DEFOE</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBINA BURLINGAME</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-11</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORD, ST. LOUIS, MO.</u>		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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL METASTASES</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 MONTHS</u>			
ANTECEDENT CAUSES DUE TO (b) <u>ADENOCARCINOMA OF BRONCHUS</u>		<u>18 MONTHS</u>			
DUE TO (c) <u>LIVER METASTASES</u>		<u>36 MONTHS</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LIVER METASTASES</u>					
19a. DATE OF OPERATION <u>Aug. 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>NON-RESECTABLE ADENOCARCINOMA OF BRONCHUS</u>		20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>163X</u>	
22. I hereby certify that I attended the deceased from <u>9-1-54</u> , 19__, to <u>9-25-54</u> , 19__, and that death occurred at <u>10:00 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. G. RIMER</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VAH, ST. LOUIS, MISSOURI</u>		23c. DATE SIGNED <u>9-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		DATE REC'D BY LOCAL REG. <u>SEP 27 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</u>			

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 *David W. Foscan*.....

Licensed Embalmer No. *438*

P. O. Address *632 1st St.*

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.