

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1955

State File No. 14244

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>964</u>	
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 <u>St. Louis,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves, Mo.,</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Webster Groves.</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#532 Ridge Avenue,</u>				STREET ADDRESS (If rural, give location) <u>#532 Ridge Avenue,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>FELTON.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1955.</u>	
5. SEX <u>Female.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>May 22, 1867.</u>	
9. AGE (In years last birthday) <u>87.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John K. Burden.</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor F. Pilcher.</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Felton.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Eleanor Burden #532 Ridge, Webster.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsons Disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>550X</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) m.		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>3-30</u> , 19 <u>53</u> , to <u>4-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>53</u> , and that death occurred at <u>10 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul E. Rutledge M.D.</u>				23b. ADDRESS <u>Kirkwood Mo</u>		23c. DATE SIGNED <u>4-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4/28/55.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>4/26/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domes, Jr. D</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons #7233 Delmar Blv'd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

10:3-1201  
3-5-1920

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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 Clarence A. Muir

Licensed Embalmer No. 4011

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.