

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17650

BIRTH NO. 26698-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4120

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 18 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Gilbert c. (Last) BURTON		4. DATE OF DEATH (Month) (Day) (Year) 4 25 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/7/56
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Gilbert Burton		13b. MOTHER'S MAIDEN NAME Lois June Potter	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gilbert Burton, 5309 Theodosia	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningoencephalitis DUE TO (c) Hydrocephalus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 751X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 340.2	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 4/7, 1956, to 4/25, 1956, that I last saw the deceased alive on 4/25, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Jackson Gto		23b. ADDRESS 6340 Grand	
23c. DATE SIGNED 4/25/56		24a. BURIAL CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4/26/56		24c. NAME OF CEMETERY OR CREMATORY Motor to Walcott, Ark.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral, 1905 Union Blvd.	
DATE REC'D BY LOCAL REG. APR 26 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. (Licensed Embalmer's Statement on Reverse Side)	

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

Albert R. Simpson

Licensed Embalmer No.

4237

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.