

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21713**
Registrar's No. **5529**

FILED JUN 20 1956
BIRTH NO. **40947-56**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 13 HRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DESLOGE HOSPITAL		STREET ADDRESS (If rural, give location) 20 3103 LISMORE (7)	
3. NAME OF DECEASED a. (First) TWINA b. (Middle) c. (Last) BURLE		4. DATE OF DEATH (Month) (Day) (Year) JUNE 10 1956	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 9, 1956
9. AGE (in years) last birthday - - - 19 -	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NEWBORN	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME AUGUST BURLE	
13b. MOTHER'S MAIDEN NAME ELIZABETH PERKINS		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO -		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Betty Burle		ADDRESS 3103 LISMORE	
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) Fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 776 x	
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) (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 6-9, 1956 , to 6-10, 1956 , that I last saw the deceased alive on 6-10, 1956 , and that death occurred at 4 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John L. Nasson MD		23b. ADDRESS 5225 So. Grand	
23c. DATE SIGNED 6-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-11-56	
24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JUN 11 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Luedmeier & Sons		ADDRESS 3934 N. 70th St.	

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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Ralph W. Suedmeyer

Licensed Embalmer No. 256

P. O. Address 3924 N. 20
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.