

No. 300  
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6046

FILED MAR 1 1957

State File No. \_\_\_\_\_

318

1003

Registrar's No. 809

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) 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) _____ 2 days _____		c. CITY OR TOWN _____ Pine Lawn _____		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 _____ 16 Missouri Baptist Hosp. _____				e. STREET ADDRESS (If rural, give location) _____ 27 6234 Lorraine _____			
3. NAME OF DECEASED (Type or Print) a. (First) _____ Channing _____		b. (Middle) _____ Bayard _____		c. (Last) _____ Burt Sr. _____		4. DATE OF DEATH (Month) (Day) (Year) _____ 1 25 57 _____	
5. SEX _____ 0 Male _____		6. COLOR OR RACE _____ White _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Married _____		8. DATE OF BIRTH _____ 1/19/1886 _____	
9. AGE (In years last birthday) _____ 71 _____		IF UNDER 1 YEAR _____		IF UNDER 1 YEAR _____		IF UNDER 1 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Maintenance Man _____			10b. KIND OF BUSINESS OR INDUSTRY _____ Country Club _____			11. BIRTHPLACE (City and State or Foreign Country) / _____ Oswego, N. Y. _____	
12. CITIZEN OF WHAT COUNTRY? _____ U.S.A. _____							
13a. FATHER'S NAME _____ Wayland H. Burt _____			13b. MOTHER'S MAIDEN NAME _____ Emma Barlow _____			14. NAME OF HUSBAND OR WIFE _____ Minnie Burt _____	
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. _____ 497-10-6160 _____		17. INFORMANT'S SIGNATURE OR NAME _____ Channing B. Burt, Jr., _____			
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) _____ Myocardial Infarction due to arteriosclerotic coronary thrombosis 2 days _____ ANTECEDENT CAUSES (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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 _____ 420.1 _____				20. AUTOPSY? _____ 2 _____ 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) _____		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 1-23, 1957, to 1-25, 1957, that I last saw the deceased alive on 1-24, 1957, and that death occurred at 2:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____ Richard Jones MD _____				23b. ADDRESS _____ 3720 Washington _____		23c. DATE SIGNED _____ 1-25-57 _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ removal _____		24b. DATE _____ 1/28/57 _____		24c. NAME OF CEMETERY OR CREMATORY _____ Laurel Hill Cemetery _____		24d. LOCATION (City, town, or county) (State) _____ St. Louis County Mo. _____	
DATE REC'D BY LOCAL REG. _____ JAN 25 57 _____		REGISTRAR'S SIGNATURE _____ Pearl Smith MD _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ Drehmann-Harral _____		ADDRESS _____ 1905 Union _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Richard Jones  
3720 Washington  
Je. 3-1057

Hrs. Until 4 PM

Fri.

**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 *Albert R. Thompson*

Licensed Embalmer No. *423*

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.