

REC JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18507
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 5190

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2624 Ohio		d. STREET ADDRESS 2624 Ohio	
3. NAME OF DECEASED (Type or print) First MIDDLE Last VIRGIE SALLY BURRUS		4. DATE OF DEATH Month Day Year 5 31 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-2-1884
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) DeKalb, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Richard R. Farmer	
14. MOTHER'S MAIDEN NAME Unknown		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. —		17. INFORMANT Rudy Burrus, 4176 Flad	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Senility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x			INTERVAL BETWEEN ONSET AND DEATH 4 hrs 2 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1954 to 5-31-57 and last saw her alive on 5-30-57 Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L.F. Murray M.D.</i>		22b. ADDRESS 600-A-Riverside	
22c. DATE SIGNED 6-1-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-4-1957		23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Missouri		23e. (State)	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette		25. DATE RECD. BY LOCAL REG. JUN 3 '57	
26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address H. Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.