

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26993

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1692</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Normandy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, Mo.</u>		c. LENGTH OF STAY (In this place) <u>32 hrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>				e. STREET ADDRESS (If rural, give location) <u>5748 Lillian Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>			b. (Middle) <u>Burrows</u>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>7-3-57</u>	
9. AGE (In years last birthday) Months Days <u>32 6</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Normandy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles F. Burrows</u>			13b. MOTHER'S MAIDEN NAME <u>Daisy A. Arnold</u>			14. NAME OF HUSBAND OR WIFE <u>Daisy A. Burrows</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 <u>Chas Burrows</u>				ADDRESS <u>5748 Lillian Ave</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hyaline Membrane</u>						INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Prematurity - 7 mo and</u>							
		II. OTHER SIGNIFICANT CONDITIONS <u>Cephalo Suction due to Placenta</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Prævia Centralis.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <u>2</u> 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) _____		21d. (COUNTY) _____		21e. (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 <u>July 3, 1957</u> , to <u>July 4, 1957</u> , that I last saw the deceased alive on <u>July 4, 1957</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Thomas N. Boney Jr.</u>				23b. ADDRESS <u>32004 N. Birdy St. Louis 7, Mo</u>		23c. DATE SIGNED <u>7/5/57</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cathary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/5/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</u>					

(Licensed Embalmer's Signature, on Reverse Side)

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

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

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.