

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

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30238

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 98

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY OR TOWN Normandy | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 hrs 15 min | | e. STREET ADDRESS (If rural, give location) 7524 a Florissant Rd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Lila | b. (Middle) | c. (Last) Burrous | 4. DATE OF DEATH (Month) (Day) (Year) 1 10 57 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 17, 1915 | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer | | 10b. KIND OF BUSINESS OR INDUSTRY Electronics | | 11. BIRTHPLACE (City and State or Foreign Country) Commerce, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Henry Berry | 13b. MOTHER'S MAIDEN NAME Jeffie Wright | 14. NAME OF HUSBAND OR WIFE Myrel Burrous |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 498-05-9819 | 17. INFORMANT'S SIGNATURE OR NAME Myrel Burrous, 7524 a Florissant Rd | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Internal Injuries | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. 8124 | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Hy. | 21c. (CITY, TOWN, OR TOWNSHIP) Normandy (COUNTY) St. Louis (STATE) MO. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 10, 1957 6 P.M. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Struck by Auto |
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22. I hereby certify that I attended the deceased from 1-10- 1957, to 1-10- 1957, that I last saw the deceased alive on 1-10- 1957, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Robert R. Nombke | 23b. ADDRESS St. Louis County Hospital 601 S. Brentwood | 23c. DATE SIGNED 1/11/57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/14/57 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County MO. |
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| DATE REC'D BY LOCAL REG. 1-14-57 | REGISTRAR'S SIGNATURE Robert R. Nombke | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | 1905 Union |
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(Licensed Embalmer's Signature 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
Signature of Student Embalmer

Signed *Warren A. Caru*

Licensed Embalmer No. *35*

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.