

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007057
State File No.

FILED MAR 5 - 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1931

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|--|---------------------------|---|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 5 1/2 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hosp. | | c. CITY OR TOWN St. Louis | |
| 3. NAME OF DECEASED a. (First) Fred | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| b. (Middle) | | e. STREET ADDRESS (If rural, give location) 1390 5800 Arsenal St. | |
| c. (Last) Burford | | 4. DATE OF DEATH (Month) (Day) (Year) 2-11-58 | |
| 5. SEX male <input checked="" type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div. | 8. DATE OF BIRTH 9-17-82 |
| 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Burford | | 13b. MOTHER'S MAIDEN NAME Millie Yount | |
| 13c. NAME OF HUSBAND OR WIFE unk. | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Hospital Records | | ADDRESS 5800 Arsenal St. | |
| 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) <i>Arteriosclerotic Heart Disease</i> | |
| INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bilat. Chr. Pyelonephritis</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 6-23-52, 19___, to 2-11-58, 19___, that I last saw the deceased alive on 2-11-58, 19___, and that death occurred at 1:40am., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i> | | 23b. ADDRESS 5800 Arsenal St. | |
| 23c. DATE SIGNED 2/13/58 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | |
| 24b. DATE 2-19-58 | | 24c. NAME OF CEMETERY OR CREMATORY City Crematory | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank O'Donnell</i> | |
| DATE REC'D BY LOCAL REG. FEB 18 '58 | | ADDRESS 5600 Arsenal St. | |

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 CREMATED BY CITY.
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.