

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1959

59-010777
STATE FILE NUMBER
2580

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

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|---|--|--|--|
| 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 Saint Louis, | | c. CITY OR TOWN Saint Louis, | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2847 Benton Street | | d. STREET ADDRESS (If outside, give location) 2847 Benton Street | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Joseph NNN Burton | | | 4. DATE OF DEATH Month Day Year 3 11 1959 | | | |
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|------------------|-----------------------------|---|-------------------------------|---------------------------------------|-------------------------------------|--------------------------------|
| 5. SEX Male 2 | 6. COLOR OR RACE Colored | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-28-1901 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 7 Days 13 | IF UNDER 24 HRS. Hours Min. |
|------------------|-----------------------------|---|-------------------------------|---------------------------------------|-------------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refinisher | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Charlie Burton | 13b. MOTHER'S MAIDEN NAME Ama Hearn | 14. NAME OF HUSBAND OR WIFE Marie Burton |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2 | 16. SOCIAL SECURITY NO. 486-12-4830 | 17. INFORMANT Marie Burton | Address 2847 Benton Street |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis & Arterio Sclerotic heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>420.0</u> | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) ITEM <u>22c</u> CORRECTED BY AFFIDAVIT OF <u>Physician</u> <u>4-10-59</u> |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT <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 |
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21. I attended the deceased from May 24 '58 to March 11 '59 and last saw her alive on March 11 - 1959
Death occurred at 8:35 on the date stated above and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>S. E. Mason MD</u> (Degree or title) | 22b. ADDRESS <u>2330 E. Franklin</u> | 22c. DATE SIGNED <u>3/12/59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/18/59 | 23c. NAME OF CEMETERY OR CREMATORY National, Cemetery | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri |
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| 24. FUNERAL DIRECTOR Ellis Funeral Home, 2820 Stoddard Street | 25. DATE RECD. BY LOCAL REG. MAR 13 '59 | 26. REGISTRAR'S SIGNATURE <u>Carl Smith. M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

A. C. 66

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 *James A. Carter*

Licensed Embalmer No. *4087*
P. O. Address *St. Louis Mo*

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.