URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030289

STATE FILE NUMBER

FILED VS SEP 11 195

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7617

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in Ib: 4 Mon.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY

c. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 1909 LaSalle — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Daniel Middle: R. Last: Burton
also known as George Miller

4. DATE OF DEATH: Month: 8 Day: 14 Year: 59

5. SEX: M

6. COLOR OR RACE: W

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 4-17-13

9. AGE (last birthday): 46

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Resturant

11. BIRTHPLACE (City and state or country): Tomahawk, Wisconsin

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Willie Burton

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: No

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT: Mary Miller Address: 1909 LaSalle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Chronic Myocarditis with a large flabby heart muscles throughout.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Early bronchopneumonia in the right base

DUE TO (c): 422.2

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 _____ to _____ and last saw her/him alive on _____
Death occurred at 605 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick J. Taylor (Degree or title) Coroner

22b. ADDRESS: 1300 Clark Ave

22c. DATE SIGNED: 8-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-18-59

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: McLaughlin ADDRESS: 2301 Lafayette Ave

25. DATE REC'D BY LOCAL REG.: AUG 17 '59

26. REGISTRAR'S SIGNATURE: Hearl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. G. Farris

Signature of Student Embalmer

Licensed Embalmer No. 3384

P. O. Address St Lou

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