

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027576  
STATE FILE NUMBER

AMENDED FILED JUL 19 1961  
Registered District No. 317 Primary Registration District No. 541 Registrar's No. 1893

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST LOUIS</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>ST LOUIS</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>CLAYTON RICHMOND EIGHTS</b>  |   | Length of stay in lb<br><b>DAYS</b>   | c. CITY OR TOWN <b>Richmond Height, Mo.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>8117 Dale</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Gussie</b> Middle <b>Burns</b> Last <b>Burns</b>   |   |   | 4. DATE OF DEATH<br>Month <b>7</b> - Day <b>1</b> - Year <b>61</b>  |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/24/1925</b>   | 9. AGE (last birthday)<br><b>35</b>   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Day work</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Grendore, Miss.</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |   | 13a. FATHER'S NAME<br><b>Gus Jones</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Verlener Grover</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>No</b> or unknown) (If yes, give war or dates of service)<br><b>-----</b>              |   |  |
| 16. INFORMANT<br><b>Beatrice Neal</b>  |   |   | 17. ADDRESS<br><b>3718 A. St. Louis Ave.</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Decubid - cutaneous fistula</b><br>DUE TO (b) <b>Status post op of rt nephrectomy</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 mo - 9 da</b><br><b>Mrs Neal 2:20</b>       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fully metastasizing of liver</b>   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 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.)  |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <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  |
| 21. I attended the deceased from <b>5-22-61</b> , to <b>7-1-61</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>7-1-61</b><br>Death occurred at <b>2:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Wessie M. [Signature]</b>   |   |   | 22b. ADDRESS<br><b>601 So. Brentwood</b>  |   | 22c. DATE SIGNED<br><b>7/6/61</b>  |
| 23a. BURIAL OR CREMATION<br>Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/><br>Place (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>7/10/61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>  |   | 23d. LOCATION (City, town, or county)<br><b>Berkley, Missouri</b>                    |
| 24. FUNERAL DIRECTOR<br><b>J.B. Koonce</b><br>ADDRESS<br><b>1221 North Grand</b>   |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-7-61</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>                              |

**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 Oliver E Cramble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Cramble  
Signature of Student Embalmer

Signed William Burkhardt

Licensed Embalmer No. 3962

P. O. Address 1221 N. Brown

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.