

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

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED AUG 20 1946**  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28514

State File No.

6814

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis** (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **502 E. Gano Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Robert Burrows**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **490-12-0635**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillie Burrows (Deceased)** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Oct. 11th. 1882**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **22** If less than one day hr. min.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **City Of St. Louis**

12. Name **Marion Burrows**

13. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **La Trache**

15. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Burrows**

(b) Address **502 E. Gano Ave.**

17. (a) **Burial** (b) Date thereof **8-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (c) Signature of funeral director **Suedmeyer & Sons**

(b) Address **3934 N. 20 Street**

19. (a) **AUG 1 1946** (b) **J. F. Bredech**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **502 Gano Ave.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **3rd.**  
year **1946** hour **2.10** minute **A.** M.

21. I hereby certify that I attended the deceased from **death**  
**2 20th** **1945** to **Aug 3rd 1946**  
that I last saw him alive on **Aug 1st** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chr. Myocarditis** Duration **1+y.**

Due to **Chr. Myocarditis**

Due to **Chr. Myocarditis**

Other conditions **Chr. Myocarditis** (5+y)

Major findings: Of operations **—**

Of autopsy **—**

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **—**

23. Signature **Albert J. May** (M. D. or other)

Address **2739 N. Grand St.** Date signed **8-3-46**

Dr Motzel  
Lundell Funeral Bldg.  
Hours 1-4

---

---

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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 this body is not embalmed, fact should be so stated above.**