

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17662

MAY 31 1937

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170 File No. _____
 Township Jefferson Primary Registration District No. 6248-H. Registered No. 101
 City Richmond Hts. (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME Richard R. Burtelow
 (a) Residence, No. 6030 Southwest Ave. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26, 1934</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>10</u>
		MONTHS
		<u>20</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Harry V. Burtelow</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Adele Helfrich</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Harry V. Burtelow</u> (ADDRESS) <u>6030 Southwest Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>4-19</u> 19 <u>37</u>		
19. UNDERTAKER <u>Kriegshausler Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>APR 16 1937</u> <u>Saw A. Bassett</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1937

22. I HEREBY CERTIFY, That I attended deceased from April 3 1937 to April 15 1937
 I last saw him alive on April 15 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Maternal pancy of labor [as above]
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation Operatory Date of 4-15-37
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) William H. Bassett, M. D.
 (Address) 1001 Madison Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Ellsworth Neal

Mo

2-4