96 JUL 31 1937

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

Do not use this space.

File No. 24816

Registered No. 72

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
Township Bonhomme Twp. — Primary Registration District No. 6031
City Valley Park (No. 9 St. Ward)

2. FULL NAME GEORGE W. BURROWS

(a) Residence, No. Rott & Geyer Roads 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Clara Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1876

7. AGE — YEARS: 60 — MONTHS: 11 — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erick Kas.

FATHER
13. NAME John Burrows
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Clara Wigner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Dr. N. A. Slane
(ADDRESS) 2825 a N. Vandeventer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 7, 1937

19. UNDERTAKER G. Throw. L. Uca
(ADDRESS) 2707 N. Grand Blvd

20. FILED June 7, 1937 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by carbon monoxide while seated in his own auto having attached a hose from exhaust pipe to interior of auto.	6/2/37

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/2, 1937
Where did injury occur? Valley Park, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place
Manner of injury Sudden hose from exhaust to interior of car.
Nature of injury Suicide by auto exhaust fumes.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) John D. Connell M. D.
(Address) Coroner, St. Louis Co.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.