

REC'D MAY 10

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

12571  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 78  
 (b) Township..... Primary Registration District No. 1008  
 (c) City St. Louis (d) Street No. Mo. Baptist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

GEORGE B. BURROWS, 623  
 (a) Residence, No. 2102 E. John Avenue St. 9  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Carrie Burrows (Fricke)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 1864

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
73 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist  
 9. Industry or business in which work was done, as saw mill, bank, etc. Landis Machine Co.  
 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) Covington Ky.

FATHER 13. NAME Enoch Burrows  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.

MOTHER 15. MAIDEN NAME Mary Ann LaVenture  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.

17. INFORMANT (ADDRESS) Mrs. Carrie Burrows  
2102 E. John Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE April 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue

20. FILED APR 8 1938 J. P. Braddock Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to April 1, 1938  
 I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 6:20 p. m.  
 The principal cause of death and related causes of importance were as follows:

Amyloidosis cerebrales Date of onset W

Other contributory causes of importance: J. J.

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physical Was there an autopsy?.....

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?.....  
 If so, specify.....

(Signed) G. M. M. M. M., M. D.  
 (Address) 1938 9 at Grand

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.  
Buchholz L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

**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.)**