

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

REC'D FEB 10 1939

3
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City ST. LOUIS MO. (d) Street No. CITY 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

1635 LAWRENCE BURTON
(a) Residence, No. 2716 ~~Carroll~~ CAROLINE St. [22] (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 DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 11-1889

7. AGE YEARS 51 MONTHS 6 DAYS 20 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN)..... ST. LOUIS MO. (STATE OR COUNTRY).....

FATHER 13. NAME LOUIS BURTON

14. BIRTHPLACE (CITY OR TOWN)..... MO. (STATE OR COUNTRY).....

MOTHER 15. MAIDEN NAME KATE KEENAN

16. BIRTHPLACE (CITY OR TOWN)..... MO. (STATE OR COUNTRY).....

17. INFORMANT KATE BURTON (ADDRESS) 2353 ALBION PLACE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JAN 2 1938

19. FUNERAL DIRECTOR (NAME) E. J. Schuur (ADDRESS) 3125 Lafayette Ave

20. FILED JAN 1 1939 Local Registrar. J. J. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 30 1938

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 8:30 AM.

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

Fracture of skull, subdural hemorrhage; suffered when struck by Cadillac car driven by one Henry Freitag on Dec. 24 1938, about 8.45

Other contributory causes of importance: non. on Lafayette near Waverly Place

Name of operation..... Date of..... 210
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/30/38

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury see above
Nature of injury No

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

(Signed) Joseph T. Quinn M.D.
(Address) Deputy Coroner

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.

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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 *John B. Hollman*
Licensed Embalmer No. *4014*
P. O. Address *3125 Lafayette Ave*

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, above space should be left blank.