

No. 2
11-10-39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26966
Registrar's No. 6862

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Belle Burroughs, 620
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife John W. Burroughs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 10 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Unknown
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Pasmour
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Nichols
(b) Address 2728 Russell Ave.

17. (a) Burial (b) Date thereof 8/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director [Signature]
(b) Address Clayton Rd. at Concordia Lane

19. (a) AUG 13 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2728 Russell Ave.
(If rural, give location)
(e) ~~When born (month, day, year)~~

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Emphysema
Bronchiectasis
Cardiac Hypertrophy
(from Tubercular)
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 95
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) 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)
(g) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 8/13/40

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

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 _____

Licensed Embalmer No. 1994

P. O. Address St. Louis.

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.