

S. No. 2
1-4-41
5-17-39
X26390

FILED FEB 24 1942 791

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4542 Manchester
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
Evans Route City Hosp

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 Manchester
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Burroughs
3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13
year 1941 hour _____ minute 30 a.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death _____ Duration _____
Dissected heart following
infarction caused by
Coronary Occlusion

7. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
Richard Burroughs _____ years
7. Birth date of deceased December 25, 1876
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
65 11 18 _____ hr. _____ min.

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? _____

9. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

11. Industry or business _____
MOTHER FATHER { 12. Name George McLarney
13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah O'Brien
15. Birthplace _____ Ireland
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place) _____ (d) Means of injury _____
23. Signature _____ M. D. or other _____
Address _____ Date signed 3/15/41

16. (a) Informant Ruby Morefield
(b) Address 4542 Manchester
17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) DEC 13 1941 (b) _____
(Date received local registrar) (Registrar's signature)

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

113
00
13
9

000
1800
8
0

Duration
Underline the cause to which death should be charged statistically.

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.....
.....
working under my personal supervision.

Autopsy

Signed.....
Registered Apprentice No.....
Licensed Embalmer No. *1284*
P. O. Address *St Louis Mo.*

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, fact should be so stated above.