S. No. 2
1—9-4-41
v. 5-17-39
I X29484

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

FILED AUG 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22658

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6466

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 Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 14 days (Specify whether years, months or days)
In this community about 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5723 Devonshire
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James A. Burris

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma Holder Burris

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

FATHER
12. Name Alfred Burris
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Dudley
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant City Sanitarium
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John J. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) JUN 31 1942 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1942 hour 5:30 minute 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.

Immediate cause of death Fracture of right femur; Lung Infarcts; suffered when he slipped and fell to floor while a patient at City Sanitarium, May 23rd, 1942, exact time unknown. ACCIDENT. (Duration)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 5/23rd/1942.
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 7/31/42

(Licensed Embalmer's Statement on Reverse Side)

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.....C. P. Kidwell.....

Licensed Embalmer No.....3877.....

P. O. Address.....7027 Gravois.....

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.