

FILED DEC 21 1942 318

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10442

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 15087 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 years years, months or days

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. 5087 Delmar
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country nil

3. (a) PRINT FULL NAME Roxie Burton

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Burton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 28 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business nil

12. Name Jamies Robinett

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Holmes

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Lyndle Burton

(b) Address 5087 Delmar

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Ill

18. (a) Signature of funeral director Jay Miller

(b) Address 5041 Delmar

19. (a) WFC (b) J.B. Orndorff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1942 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 10
1942 to Dec 12 1942
and that I last saw him/her alive on Dec 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver Duration _____

Due to _____
Due to _____
Other conditions none
(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) _____
(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)
Means of injury _____
23. Signature Nashua Bilsky (M. D. or other) _____
Address 2739 N. Grand Ave Date signed 12/14/42

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

MOTHER FATHER

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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 William J. Hions

Licensed Embalmer No. 4319

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.