

26525

State File No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED AUG 18 1943

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **7164**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 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. 1217 Botanical Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E. Burton

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 Married

6. (b) Name of husband or wife Emma L. Williams Burton 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 28th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days 73 7 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Railway Postal Clerk

12. Name Julius Burton

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

14. Maiden name Jane Dunnivant

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

16. (a) Informant J. Roy Stockton

(b) Address 19 Ridgemoor Dr

17. (a) Burial (b) Date thereof 8/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) MIC 1019 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1943 hour 6.15 minute A M.

21. I hereby certify that I attended the deceased from July 30, 1943 to Aug 7, 1943
that I last saw her alive on Aug 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
and myocardial infarction

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) (b) Means of injury _____

23. Signature Robt. Thysland (M. D. or other) _____
Address 3901 Park Ave Date signed 8-5-43

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

No. 2
2-43
17-39
11-11-43
X35697

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..... *Lawrence M. Szymorek*.....
Licensed Embalmer No..... *4343*.....
P. O. Address..... *Maplewood, 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.