

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

27
FILED AUG 27 1946

STANDARD CERTIFICATE OF DEATH

State File No.

7168

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County 999
(c) City or town Louisville
(If outside city or town limits, write "RURAL")
(d) Street No. 4532 South Second St.
(If rural, give location) NR 15
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT A. BURDETTE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Burdette. 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 30 1887
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
59 3 17 hr. min.

9. Birthplace Monroe County West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business International Harvesting Co.

12. Name Louis Allen Burdette.

13. Birthplace Monroe County West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Semie Scott.

15. Birthplace Monroe County West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Donald C. Burdette.

(b) Address 4532 South Second St.

17. (a) Removal (b) Date thereof: 8-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Kentucky.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) AUG 19 1946 (b) J. F. Burdette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1946 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1946 to Aug. 17, 1946,
that I last saw him alive on Aug. 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion & edema
Due to Carcinomatosis, primary site unknown
Due to pending microscopic examination

Other conditions (Include pregnancy within months of death)
ADDITONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy as above
55E

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) (e) Means of injury 0

23. Signature JR Madley (M. D. certifier)
Address Barnes Hospital Date signed 8/17/46

7-6-62
8912

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..... *Raymond L. Morris*
Licensed Embalmer No..... *4330*
P. O. Address..... *Maplewood, N.J.*

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.

Registration District No. 218

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: _____
(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

3. (a) PRINT FULL NAME Robert A. Burdette

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 30 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) W. Va (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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: malignant

lymphoma (lymphoblastic

type, involving cervical, axillary,

mediastinal, peri-aortic, mesenteric,

lymph nodes + surrounding

stroma, and the pancreas)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy above HOG

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

27348

28510