

FILED SEP 16 1948

Registration District No.

318

Primary Registration District No.

1003

7606

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2242 Mullanphy**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Catherine Grady Burton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife
Jos. Burton

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

7. Birth date of deceased **3**
(Month)

18
(Day)

1878
(Year)

8. AGE: Years **68**

Months **5**

Days **14**
If less than one day
13 hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **John Grady**

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

14. Maiden name

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

16. (a) Informant **Jos. Burton**

(b) Address **2242 Mullanphy St**

17. (a) **burial** (b) Date thereof **9 4 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

(a) Signature of funeral director **Harrigan & Sheahan**
Address **4415 Washington Blvd**

SEP 2 1948

J. F. Bruner
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **2** year **1948** hour **2** minute **35** A.M.

21. I hereby certify that I attended the deceased from **8/11/48** to **9/2/48**, 19...; that I last saw him alive on **9/2/48**, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **1 yr.**

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)
(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 **G. William Orth** (M. D. or other) Address **5101 Delmar Pl.** Date signed **9/3/48**

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

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.....
John A. [Signature]
Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

18. _____
19. (a) _____
(b) _____
(Date)