

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34986

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9175

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:
4123 Rear Easton ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether 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. 4123 Rear Easton ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mae Burroughs
(b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 26
year 1946 hour 7 minute 15 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 _____
Duration _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward E Burroughs
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased April 16 1879
(Month) (Day) (Year)

Due to Crown Thrombosis
Due to J
Other conditions (Include pregnancy within 3 months of death) 9H
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days
67 5 10
If less than one day _____ hr. _____ min.

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

9. Birthplace Greenfield Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

MOTHER FATHER
11. Industry or business _____
12. Name Dont Know
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward E. Burroughs,
(b) Address 4123 Rear Easton Ave.

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?

17. (a) Burial (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

23. Signature [Signature] (Specify type of place) (e) Means of injury 3
Address _____ Date signed 10/28/46

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) OCT 28 1946 (Date received local registrar)
J. P. [Signature] (Registrar's signature)

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.....

Fred Frick

Licensed Embalmer No..... 3186.....

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.