No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2341

Registrar's No. 642

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: 0
St. Johns Hospital
(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)

In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 2

(c) City or town Clayton 3
(If outside city or town limits, write "RURAL")

(d) Street No. 49 Ridgemoor Drive 1
(If rural, give location)

W. R.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Burton

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William E. Burton

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased January (Month) 13 (Day) 1874 (Year)

8. AGE: Years 74 Months 0 Days 7 If less than one day 14 hr. 15 min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name ? Williams

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

14. Maiden name Mary Elizabeth Cochran

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

16. (a) Informant J. Roy Stockton

(b) Address 49 Ridgemoor Dr., Clayton 5, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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

(b) Address 6633 Clayton Road, St. Louis 17 Mo.

19. (a) JAN 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1/3/48, 19..., to 1/20/48, 19...; that I last saw her alive on 1/20/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: art sclerosis, heart disease, hemiplegia	6 mos
Due to: art sclerosis	1 wk
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature O. J. Fell (M. D. or other)

Address 3604 Washington Ave Date signed 1/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.