. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17441

FILED JUN 1 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4701

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

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: Homer G. Phillips Hospital O
(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 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. # 719 N. Compton ave 9
(If rural, give location) 0
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Burroughs
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 1st 1881 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Hernando Miss 1 (City, town, or county) (State or foreign country)
10. Usual occupation nil
11. Industry or business
FATHER
12. Name Unknown 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Genova Jones
(b) Address 719 N. Compton ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave
19. (a) MAY 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 11 minute 30 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 Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury 3
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 5/20/48

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 S J Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Chouteau

**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.