

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13646
3481

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u> </u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis, Mo</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oran</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital,</u>				d. STREET ADDRESS (If rural, give location) <u> </u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Clayton</u>			c. (Last) <u>Burris</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1949</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 16, 1873</u>		9. AGE (In years last birthday) <u>76</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Maples, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charles Burris, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Butcher</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Burris</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Burris - Oran, Missouri</u>					ADDRESS <u> </u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple pulmonary emboli with infarction of lungs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1-10 days</u>			
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Arteriosclerotic heart disease with auricular fibrillation</u>						<u>930</u> years.			
		DUE TO (c) <u> </u>									
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Bronchopneumonia, bilateral</u>						<u>1 wk.</u>			
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>							
22. I hereby certify that I attended the deceased from <u>April 10</u> , 19 <u>49</u> , to <u>April 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>49</u> , and that death occurred at <u>11:27 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>ACB Bradley</u>				23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED <u>4/15/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oran, Missouri</u>					
DATE REC'D BY LOCAL REG. <u> </u>		REGISTRAR'S SIGNATURE <u> </u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe-4700 Washington Blv</u>					ADDRESS <u> </u>	

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

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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 Me

Student Embalmer No.

working under my personal supervision. —

Student
Student Embalmer

Signed Elton R. Penelvas

Licensed Embalmer No. 4283

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.