

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5701

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3905 W. Belle		d. STREET ADDRESS (If rural, give location) // 3905 W. Belle 8	

3. NAME OF DECEASED (Type or Print) a. (First) Agusta	b. (Middle)	c. (Last) Burton	4. DATE OF DEATH (Month) (Day) (Year) 6 28 1949
--	-------------	------------------	--

5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Jan 19 1901	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
-----------------	------------------------	---	------------------------------	------------------------------------	------------------------	-----------------------	-------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Mississippi /	12. CITIZEN OF WHAT COUNTRY?
---	---	---	------------------------------

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Amelia Jackson	14. NAME OF HUSBAND OR WIFE none
----------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
---	------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arterio Sclerosis</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9400
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:50 PM 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR #201
--	--	--------------------------------

22. I hereby certify that I attended the deceased from 2/10, 1949, to 6/28, 1949, that I last saw the deceased alive on 6/27, 1949, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. B. Sasater</i>	23b. ADDRESS // 7 Jefferson	23c. DATE SIGNED 6/30/49
---	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/49	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Co.
--	------------------	---	--

DATE REC'D BY LOCAL REG. 1111 1 1949	REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts: 1416 Taylor ave.
--------------------------------------	--	---

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

*of a ... ..*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Annie Roberts*

Licensed Embalmer No. \_\_\_\_\_

*4439*

P. O. Address \_\_\_\_\_

*14 16 N. Jay*

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.