

FILED MAY 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18042
4111

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

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 MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2189	
c. LENGTH OF STAY (in this place) 2 HRS		d. STREET ADDRESS (If rural, give location) 4509 Clayton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) WILLIAM	b. (Middle) ESTES	c. (Last) BURR	5 /		5 /	50

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-29-1892	9. AGE (In years last birthday)	10 UNDER 1 YEAR	11 UNDER 18 HRS.
				57	8	6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Kaemmerlen Electric Company	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Burr	13b. MOTHER'S MAIDEN NAME Mary Diviney	14. NAME OF HUSBAND OR WIFE Erma Amelia Derecskey
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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. 490-01-7067	17. INFORMANT'S SIGNATURE OR NAME Erma Amelia Burr, 4509 Clayton Ave.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		42-70 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		4 Yrs.
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		2 Yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) H 200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1950, to 5/5, 1950, that I last saw the deceased alive on 5/5, 1950, and that death occurred at 5/27P m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Worby	(Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 5-5-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE May 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel	24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri
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DATE REC'D BY LOCAL REG. MAY 6 1950	REGISTRAR'S SIGNATURE J. B. S... ..	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.	ADDRESS
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ernest W. Spillers*.....

Licensed Embalmer No. *14080*.....

P. O. Address.....

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.