

No. 300
10. 48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3063 State File No. 22181

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 1358

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institutional residence, before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND	
c. LENGTH OF STAY (In this place)		4731	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL		d. STREET ADDRESS (If rural, give location) 9438 TUDOR	

3. NAME OF DECEASED a. (First) FRED		b. (Middle)		c. (Last) BURHOP		4. DATE OF DEATH (Month) (Day) (Year) 5 27 50	
5. SEX (1) MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 2 1869	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) BREMAN GERMANY		12. CITIZEN OF WHAT COUNTRY? 3	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE NAN BURHOP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Ackerman Paola Kansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, severe in Gastro-intestinal tract		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes mellitus		DUE TO (b) Bleeding peptic ulcer	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis, general		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5-22-1950, to 5-27-1950, that I last saw the deceased alive on 5-27-1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Albert Ashie M.D.		23b. ADDRESS 601 BRENTWOOD CLAYTON		23c. DATE SIGNED 5-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/30/50		24c. NAME OF CEMETERY OR CREMATORY Paola Kansas	
				24d. LOCATION (City, town, or county) (State) Paola Kansas	

DATE REC'D BY LOCAL REG. MAY 27 1950		REGISTRAR'S SIGNATURE Robert P. Clonke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAUMANN BROTHERS INC OVERLAND	
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(Licensed Embalmer's Signature on Reverse Side)

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

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 34574

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 34574

P. O. Address Oakland 14, S.

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.