

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28058

State File No. 6910

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

**1. PLACE OF DEATH**  
a. COUNTY St. Louis

**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) St. Louis c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) Maplewood **4564**

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp. d. STREET ADDRESS (If rural, give location) 7412 Lohmeyer Avenue

**3. NAME OF DECEASED**  
a. (First) John b. (Middle) William c. (Last) Burrows 4. DATE OF DEATH (Month) (Day) (Year) Aug 11 1950

**5. SEX** male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed **8. DATE OF BIRTH** Feb 29 1864 **9. AGE** (In years last birthday) 86 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) penetr. Fuel supervisor **10b. KIND OF BUSINESS OR INDUSTRY** Penetr. Fuel supervisor **11. BIRTHPLACE** (State or foreign country) 9 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** UNKNOWN **13b. MOTHER'S MAIDEN NAME** UNKNOWN **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** Mrs M. CURTIS **ADDRESS** 2536 Big Bend

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Senility, extensive psoriasis **INTERVAL BETWEEN ONSET AND DEATH** 24 days

**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  NO

**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**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** 794X

**22. I hereby certify that I attended the deceased from** Jan 11, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 9.10 m., from the causes and on the date stated above.

**23a. SIGNATURE** Wm. Bayl (Degree or title) md **23b. ADDRESS** Mrs. P. H. Hospital **23c. DATE SIGNED** Aug 11, 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 8-15-50 **24c. NAME OF CEMETERY OR CREMATORY** MEMORIAL PARK **24d. LOCATION** (City, town, or county) (State) St. Louis Mo.

**DATE REC'D BY LOCAL REG.** AUG 14 1950 **REGISTRAR'S SIGNATURE** J. B. Jasater **25. FUNERAL DIRECTOR'S SIGNATURE** M. J. CLOGHAN **ADDRESS** 714 1/2 MANCHESTER

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr.*

Licensed Embalmer No. 4053

Signed.....  
Student Embalmer

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.