

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9771

State File No.

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1882**

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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 2209 2529 Elliot	
3. NAME OF DECEASED (Type or Print) a. (First) Junius b. (Middle) c. (Last) Burrell		4. DATE OF DEATH (Month) (Day) (Year) 2 23 52	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1893
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months 7	10. IF UNDER 1 YEAR Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.	11. BIRTHPLACE (State or foreign country) Brookfield, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ely Burrell	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maggie Burrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. 183-18-1780	
17. INFORMANT'S SIGNATURE OR NAME Maggie Burrell		ADDRESS 2529 Elliot	
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Arteriosclerotic Hf. Dis.</i></p> <p>ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lt. Heart failure</i></p> <p>DUE TO (c) <i>Bronchopneumonia</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H-200	
22. I hereby certify that I attended the deceased from 2-22-52 to 2-23-52 , that I last saw the deceased alive on 2-23-52 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <i>Charles Frowner, M.D.</i>		23b. ADDRESS <i>No. Rae Hosp.</i>	23c. DATE SIGNED 2/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-1-52	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
DATE REC'D BY LOCAL REG. FEB 28 1952	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard	

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 Milton E Calkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address 21912 Fountain

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.