

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21812

State File No. _____

5624

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

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|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0043</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>1309 East Promenade ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u> | | | |

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|--------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Lillian</u> | b. (Middle) <u>Brady</u> | c. (Last) <u>Burton</u> | <u>6-11-52</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-6-1882</u> | 9. AGE (In years last birthday) <u>70</u> | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Henry Brady</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Emmette Burton</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ann Burton, Mexico, Mo.</u> |

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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 <u>1 month.</u> <u>15 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Quodeno-colic fistula</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma - Colon.</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>June 10, 1952</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma - whoplacental - metastatic</u> | 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? <u>153X</u> |

22. I hereby certify that I attended the deceased from May 21, 1952, to June 11, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 7:45 pm., from the causes and on the date stated above.

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|------------------------------------------------------------------|--------------------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Oliver P. Scott MD</u> | 23b. ADDRESS <u>1952 Maryland, St Louis, Mo.</u> | 23c. DATE SIGNED <u>6/12/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-12-52</u> | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u> | | |

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|---------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>JUN 17 1952</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold, Mexico, Mo.</u> |
|---------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED JUL 2 1952

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 Donis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

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.