

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32797**
Registrar's No. **8695**

DECEASED **1** 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2119	
		d. STREET ADDRESS (If rural, give location) 3842a St. Ferdinand	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rosie	b. (Middle)	c. (Last) Burden	(Month) Sept.	(Day) 13	(Year) 1952
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Holmes County, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alex Davis	13b. MOTHER'S MAIDEN NAME Aldine	14. NAME OF HUSBAND OR WIFE Ike Burden
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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. None	17. INFORMANT'S SIGNATURE OR NAME Rosie Edwards	ADDRESS 3842 St. Ferdinand
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis			Undet.
	ANTECEDENT CAUSES DUE TO (b) None DUE TO (c) Gangrene of left Foot			Undet.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4501

22. I hereby certify that I attended the deceased from **9-1**, 19 **52**, to **9-13**, 19 **52**, that I last saw the deceased alive on **9-13**, 19 **52**, and that death occurred at **2:15p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Bell Smith M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 9-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-20-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. SEP 16 1952	REGISTRAR'S SIGNATURE Carl Bell Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E.B. Kame	ADDRESS 1221 N Grand
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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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Raymond Adams*.....

Licensed Embalmer No. 4755.....

P. O. Address 1221 N. Grand.....

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.