

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9923**  
Registrar's No. **2383**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park 47601	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) Rt. #2			

3. NAME OF DECEASED (Type or Print) Burton, Baby Girl			4. DATE OF DEATH (Month) (Day) (Year) 3 8 54			
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 3-8-54	9. AGE (In years last birthday)	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William R. Burton		13b. MOTHER'S MAIDEN NAME Juanita E. Tossier		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William Burton		ADDRESS Valley Park, Mo. Rt. #2	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asphyxia Neonatorum</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>never breathed however heart did beat.</i> DUE TO (c) <i>Premature Separation of placenta &amp; marginal implantation</i>		
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 <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 7620	

22. I hereby certify that I attended the deceased from 3-8, 1954, to 3-8, 1954, that I last saw the deceased alive on 3-8, 1954, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter H. Decker, M.D.</i>		23b. ADDRESS 3108 S. Grand		23c. DATE SIGNED 3/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. MAR 15 1954		REGISTRAR'S SIGNATURE <i>Charles Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.	
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**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.

*Not embalmed*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joel Clark*

Licensed Embalmer No. *1661*

P. O. Address *1125 Dodson*

**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.