

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31673

FILED SEP-16-1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7935**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>19 4132 Washington Blvd., 21490</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) c. (Last) <b>Burritt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 25, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>Nov 2 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxi Cab Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Yellow Cab Co.</b>	9. AGE (In years last birthday) <b>52</b> # UNDER 1 YEAR Months # UNDER 1 HR. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Washington D. C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Elihu Guy</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Frances Moran</b>	14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>710-12-9708</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Frances Burritt, Carmel, Calif</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Stroke</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <b>Accident</b> 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 <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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:47 p.m.</b> , from the causes and on the date stated above. <b>46</b>			
23a. SIGNATURE <b>Patricia E. Taylor Currier</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>8.27.54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-28-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Washington D.C.</b>
DATE REC'D BY LOCAL REG. <b>AUG 27 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington</b>	

**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 .....  
Signature of Student Embalmer

Signed *Elmo R. Padwell* .....

Licensed Embalmer No. *407* .....

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.