

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38598

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10241

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 township) ST. Louis		c. CITY OR TOWN ST. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 23 Years		e. STREET ADDRESS (If rural, give location) 271 Lucas Avenue 221/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) c. (Last) Burrow		4. DATE OF DEATH (Month) (Day) (Year) II - 9th. 1954	
5. SEX Male	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-6-1907
9. AGE (In years last birthday) Months Days 47 3 3		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Trak Laborer		10b. KIND OF BUSINESS OR INDUSTRY MO. Pacific RR	11. BIRTHPLACE (City and State or Foreign Country) Holy Springs Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A			

13a. FATHER'S NAME O.C. Burrow Sr	13b. MOTHER'S MAIDEN NAME Matildia Guy	14. NAME OF HUSBAND OR WIFE
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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 None	16. SOCIAL SECURITY NO. 486-16-0031	17. INFORMANT'S SIGNATURE OR NAME O.C. Burrow Jr	ADDRESS 5042. Wells Avenue
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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, 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* Subcutaneous embolism; Right Lobar Pneumonia, suffered when stabbed with knife in hands Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 915 pm, July 15, 1954. Father ate fish for homicidal cause		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION What he determined Open Verdict		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict	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 E982X

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 6:27 A.M., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly Deputy Coroner	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/13/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis " " Missouri

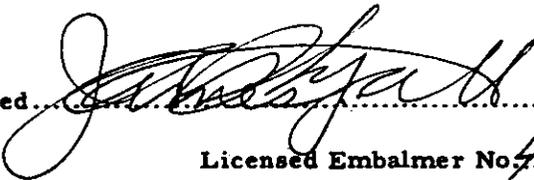
DATE REC'D BY LOCAL REG. NOV 12 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE John J. Howard	ADDRESS 2616, No. Garrison Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 444

P. O. Address 2616 N. Du

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.