

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 4774-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11881

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. LENGTH OF STAY (in this place) 4 weeks	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 23 913 Peyer Ave. 22390		
3. NAME OF DECEASED (Type or Print) Jimmy Myrnan Burrow			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1954		5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 6 1954
9. AGE (in years last birthday) 11 14		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joe Burrow	13b. MOTHER'S MAIDEN NAME Juanita Johnson	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) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Burrow St. Louis Mo.		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation, yellowing aspiration of ground meat; subdural hemorrhage; DUE TO (b) aspiration of right parietal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000 9210
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	

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 11-20A. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick L. Taylor Carver		(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12. 21. 54.
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-23-54	24c. NAME OF CEMETERY OR CREMATORY Asher Cemetery	24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo.	
DATE REC'D BY LOCAL REG. DEC 29 1954	REGISTRAR'S SIGNATURE J. Carl Smith Mo.		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Luther Sparks Petow Mo.	

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 *Murphy L. Spinks*.....
Licensed Embalmer No. *4256*.....
P. O. Address *Flad Rina*.....

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.