

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 - 1955

State File No. 2395
0325

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 71 days		d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp. Ass'n	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 4002 PIGGOTT 8120	

3. NAME OF DECEASED (Type or Print) Arthur Davis	a. (First)	b. (Middle)	c. (Last) Burris	4. DATE OF DEATH (Month) (Day) (Year) Jan 7, 55
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5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 18, 1888	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Alton + Southern R.R.	11. BIRTHPLACE (City and State or Foreign Country) Beachridge, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jim Burris	13b. MOTHER'S MAIDEN NAME Pearl Burris	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Pearl Burris	18. ADDRESS 4002 Piggott St. St. Louis, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of Middle Cerebral Artery - Massive Infarct of Malacia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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 332x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 12-25-1954, to 1-7-1955, that I last saw the deceased alive on 1-7-1955, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles Thomas	(Degree of title) M.D.	23b. ADDRESS No. Pacific Heights Home No.	23c. DATE SIGNED Jan 11, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1/11/55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Evansville, Indiana
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DATE REC'D BY LOCAL REG. IAN 12 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Marietta Offens	ADDRESS 2114 Missouri Ave. St. Louis, Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ben H. Baldwin*.....

Licensed Embalmer No. *24*.....

P. O. Address *721 N. 26*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.