

STANDARD CERTIFICATE OF DEATH

State File No. 6827

FILED MAR 8 1955

BIRTH NO. REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 454

1. PLACE OF DEATH
a. COUNTY St. Louis 4001
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Normandy mo-
c. LENGTH OF STAY (In this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DELWOOD 4100
d. STREET ADDRESS (If rural, give location) 7 west Dell

3. NAME OF DECEASED
a. (First) Pearl
b. (Middle) M
c. (Last) BURROWS
4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1955

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH July 15, 1906 9. AGE (In years last birthday) 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed 10b. KIND OF BUSINESS OR INDUSTRY unkn. 11. BIRTHPLACE (State or foreign country) St. Louis mo- 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur Burrows 13b. MOTHER'S MAIDEN NAME Annie Foth 14. NAME OF HUSBAND OR WIFE Never Married

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Erwin Burrows, #7 Westdell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vasomotor collapse
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comminuted femoral fracture
DUE TO (c) Trauma
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 19 55 10 P.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR Patient fell in home

22. I hereby certify that I attended the deceased from 2-19, 1955, to 2-22, 1955, that I last saw the deceased alive on 2-22, 1955, and that death occurred at 4:11 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Shelby, D.O. 23b. ADDRESS 1917 91st St. St. Louis, Mo. 23c. DATE SIGNED 2-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 25, 1955 24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 2/22/55 REGISTRAR'S SIGNATURE Rebecca R. Rombe, M.P. FUNERAL DIRECTOR'S SIGNATURE J. J. [unclear] ADDRESS 2161 E. Fair Avenue

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold G Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. *43020*

P. O. Address *St. Louis, Mo*

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.