

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10439

FILED APR 4 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>622</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University City</u> )		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6655 Waterman Blvd</u>				STREET ADDRESS (If rural, give location) <u>6655 Waterman, Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) <u>HUMBER</u> c. (Last) <u>BURFORD.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1875.</u>		9. AGE (in years last birthday) <u>79.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Missouri.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ambrose Humber.</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Williams.</u>		14. NAME OF HUSBAND OR WIFE <u>Dr C. E. Burford.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr C. E. Burford, #6655 Waterman Ave.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				<u>years</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>			
		* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		<u>Diabetes mellitus</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>331X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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 <u>May 22, 1952</u> to <u>Mar 14, 1955</u> , that I last saw the deceased alive on <u>Mar 11, 1955</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Raymond Williams M.D.</u>				23b. ADDRESS <u>114 No Taylor St. Louis</u>		23c. DATE SIGNED <u>15 Mar 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment.</u>		24b. DATE <u>3/26/55.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum.</u>		24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road.</u>	
DATE REC'D BY LOCAL REG. <u>3/15 L.S. Hebert</u>		REGISTRAR'S SIGNATURE <u>R. Lupton &amp; Sons</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton &amp; Sons; 7233 Delmar Blvd;</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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✓ 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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.