

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. 30651
8251
Registrar's No. 8251

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Wentzville
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Box 5-4

3. NAME OF DECEASED (Type or Print)
a. (First) Barbara b. (Middle) Lee c. (Last) Burrell
4. DATE OF DEATH (Month) (Day) (Year) 9 19 1955

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10-19-1951 9. AGE (In years last birthday) 3 10. IF UNDER 1 YEAR Days 11 11. IF UNDER 24 HRS. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raziel Burrell 13b. MOTHER'S MAIDEN NAME Evelyn Wilson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Herbraun ADDRESS 500 S. Kings Highway

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Appendicitis - about 18 hours post operation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Leukemia
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 2043 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.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-14, 1955, to 9-19, 1955, that I last saw the deceased alive on 9-19, 1955, and that death occurred at 11:05 AM m., from the causes and on the date stated above.

23a. SIGNATURE IRCOA J. VIETTI MD (Degree or title) 23b. ADDRESS 500 S. Kings Highway 23c. DATE SIGNED 9-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-21-55 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 24d. LOCATION (City, town, or county) (State) Modesto, California

DATE REC'D BY LOCAL REG. SEP 20 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Pitman Funeral Home, Wentzville, Mo.

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

OCT 5 1955

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 *John S. Dennis*.....

Licensed Embalmer No. *419*.....

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.