

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026472

FILED VS JUL 24 1959

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

2-6653

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2627 Lawton	
3. NAME OF DECEASED (Type or print) Wesley				First		Middle	
				Last Burris		4. DATE OF DEATH Month 7 Day 12 Year 59	
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/27, 1909	
						9. AGE (last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trackman				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Evansville Ind.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Wesley Burris Sr.				13b. MOTHER'S MAIDEN NAME Laura Hancock		14. NAME OF HUSBAND OR WIFE Medie Burris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War II				16. SOCIAL SECURITY NO. 270-16-557		17. INFORMANT Medie Burris 1105 Dillon Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic Brain Syndrome							
DUE TO (b) Alcoholism							
DUE TO (c) 322:2							undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-24-59 , to 7-12-59 and last saw him alive on 7-12-59 Death occurred at 4:40 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Sydney A. Smith, M.D.</i>				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 7-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 17, 1959		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri	
24. FUNERAL DIRECTOR ADDRESS Dunn Funeral Home 3847 Page Blvd.				25. DATE RECD. BY LOCAL REG. JUL 16 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Heilman

Licensed Embalmer No. 4221

P. O. Address 3100 East

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.