

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041271

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10812**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 2339 So. 11th, St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ellen Middle Jane Last Burrow			4. DATE OF DEATH Month October Day 29 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/25/1938	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line Continental Can Co.		10b. KIND OF BUSINESS OR INDUSTRY Butler County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Johnnie Brewington		13b. MOTHER'S MAIDEN NAME Mollie Saltzman		14. NAME OF HUSBAND OR WIFE Floyd	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO.	17. INFORMANT Floyd Burrow, 2339 So. 11th, St.	Address
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infectious Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 092x		
DUE TO (c)		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Madison Co., Mo.	COUNTY Madison Co.	STATE
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21. I attended the deceased from **10/15/63** to **10/24/63** and last saw her/him alive on **10/29/63**
Death occurred at **10:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward W. Czubinski, M.D.	(Degree or title)	22b. ADDRESS 3701 Cranford St.	22c. DATE SIGNED 10/31/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-1-63	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) Madison Co., Mo.
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24. FUNERAL DIRECTOR L. Adamson Funeral Home, Fredericktown, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT-31 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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VS 300 Rev. 4/59
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 2 **223**
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 4 **1**
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 12 **65-0**
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65
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

NOV 8 1962

10101

STATEMENT BY LICENSED EMBALMER

0-80

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 J. W. Dumbly
Licensed Embalmer No. 3683

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.