

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30652**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7689**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | c. CITY OR TOWN Dalton City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | e. STREET ADDRESS (If rural, give location) 51209 | |

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|---|----------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) Helen | b. (Middle) Irene | c. (Last) Burress | (Month) (Day) (Year) August 31, 1955 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 9. AGE (In years last birthday) Months Days Hours Min. 45 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Oklahoma |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |

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| 13a. FATHER'S NAME Edward N. Herron | 13b. MOTHER'S MAIDEN NAME Anna Maude Edwards | 14. NAME OF HUSBAND OR WIFE Alvin Carl Burress |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Burress, 217 W. Grand, Decatur, Ill. |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 592x | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |

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| 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 **Aug. 26, 1955**, to **Aug. 31, 1955**, that I last saw the deceased alive on **Aug. 31, 1955**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>E. J. Vermillion, M.D.</i> | (Degree or title) M. D. | 23b. ADDRESS BARNES HOSPITAL | 23c. DATE SIGNED 9/1/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9-1-55 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Windsor, Ill. |

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| DATE REC'D BY LOCAL REG. SEP 1 1955 | REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John S. Bennett

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.