

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22425/

State File No. 0

Registrar's No. 1316

FILED JUN 24 1944

Registration District No.

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town RICH HTS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST MARYS HOSP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 51 HRS (Specify whether)  
In this community 51 HRS  
years, months or days

3. (a) PRINT FULL NAME HUBERT GWINN BURLINGAME

3. (b) If veteran, name was SPANISH AMERICAN 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CORA E BURLINGAME 6. (c) Age of husband or wife if alive 64 1/2 years

7. Birth date of deceased JULY 30 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day 15 hr. 45 min.

9. Birthplace California (City, town, or county) (State or foreign country)

10. Usual occupation FARMER  
Industry or business

11. Name ASA-BURLINGAME  
12. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

13. Maiden name ELIZABETH ELLIOT  
14. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

(b) Informant Verla L Burlingame  
(b) Address 6330 Soudersland Ave

17. (a) BURIAL (b) Date thereof 6-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DE FOE CEMETERY California

18. (a) Signature of funeral director Walter Borker

(b) Address 6036 Clayton Rd

19. (a) JUN 19 1944 (b) E. W. Dawson, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON  
(c) City or town WARREN'S BUR MO (If outside city or town limits, write "RURAL")  
(d) Street No. 601 So HOLDEN ST (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 3:45 minute 0 M.

21. I hereby certify that I attended the deceased from June 14 to June 16 1944  
that I last saw him alive on June 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis - ulcers - glandular & pneumonia Duration 2 wks. +

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy Congestion & consol. of bases of lungs; ulcer, rt. throb. supp. lymph glands

22. If death was due to external causes, fill in the following in rt. axilla

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Mo.

While at work? (Specify type of place) (c) Means of injury

23. Signature Henry E. Decker (M. D. or other) md

Address 3720 Washington Ave (8) Date signed June 18 1944

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

AUG 16 1944

JAN 23 1943

### 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. Wilkins*

Licensed Embalmer No.....

3575

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Miller } ss.

State File No. 22425  
Local Registrar's No. 1316

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of Sept, 1944, before me appears Cora Emma Burlingame, who, upon her oath, states that the original record of birth for Hubert Edwin Burlingame died June 16, 1944 in the State of Missouri, and which was filed at on, 1944, should be corrected as follows:

Item No. 6c should read Olean Mo

Instead of     

Item No. 7 should read Miller County Mo.

Instead of     

Item No. 8 should read July 30 1870

Instead of     

Item No. 9 should read Age of wife 65 years.

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cora Emma Burlingame,  
Relationship wife  
1900 So Summit St. Sedalia Mo.  
Present Address.

Subscribed and sworn to before me this 21 day of Sept, 1944

My Commission expires Sept 7-47 Clarence Carter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 27 1944

SEP 28 1944