MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 10001

Registered No. 25577

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1093

City St Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Harry F. Burns

(a) Residence. No. 4357 Vista St., 18 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47		8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Israel Burns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Sara Mader

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT Eleanor
(Address) City Hospital

15. FILED MAR 15 1927, 19.. Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 19.. to March 13, 19.. that I last saw h. alive on March 13, 1927, and that death occurred, on the date stated above, at 5 PM p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Head of Pancreas with Metastasis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gall Bladder
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/9/27
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
3/14, 1927 (Signed) H. J. Roche M. D
(Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Mt Moriah — DATE OF BURIAL 3/16 1927

20. UNDERTAKER Geo Quinnelon Co — ADDRESS 4234 Manchester Ave

Resumo.