

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

Do not use this space.

41217

JAN 23 1934

**PLACE OF DEATH**

County St. Louis  
 Township St. Ferdinand  
 City (No. ....)

Registration District No. 7  
 Primary Registration District No. 1

File No. ....  
 Registered No. 8  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5246 Senioreve St. .... Ward. St. Louis Med.  
 (Usual place of abode) (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freeman Mailing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dist. Post Dispatch

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barveston Mo.

13. NAME Aug. Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

15. MAIDEN NAME Elizabeth Cassan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

17. INFORMANT Elsie Burns (ADDRESS) 5246 Senioreve Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral Cemetery DATE Dec 19 1933

19. UNDERTAKER Beiderwieser Funeral Home (ADDRESS) 1936 St. Louis Ave.

20. FILED 12-12-1933 Walter Zell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:430 a.m.

The principal cause of death and related causes of importance were as follows:

Body of a male person, was accidentally burned to death in his own automobile, caused by explosion while trying to get his car out of the ditch, which he backed into. The constant grinding of his wheels rushing the motor without question was cause of this machine bursting into a sheet of fire.

Name of operation Brown's Die Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John B. Turner M.D. (Address) 3718 Jennings, R. 9.

Edward H. Jones, Co., No. 12/12/33

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

flames. His body and clothing was in a sheet of flames, and he tried to escape, from his car and fell dead two or three feet to the left of the door, face down when found. This was witnessed by one person and by others immediately after, the car burst into flames.

Verdict of Jury: deceased came to his death accidentally by trying to escape from a burning automobile.

This accident happened at Ashby road and Canterway, Overland, Mo. St. Louis County.