

JUN 22 1936

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

Do not use this space.

791

24500

## 1. PLACE OF DEATH

County..... Registration District No. 1003  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 5044A Devonshire Ave) St. Ward

File No. 6119  
Registered No. 6119

## 2. FULL NAME

Thomas Harry Burns

(a) Residence, No. 5044A Devonshire Ave St. 14 Ward.  
(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 Della Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 8 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co.  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME William Burns

14. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Isabelle Flynn

16. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

17. INFORMANT Della Burns  
(ADDRESS) 5044A Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 6-16 1936

19. UNDERTAKER Kriegshauser Mortuaries  
(ADDRESS) 5044A Devonshire Ave

20. FILED JUN 15 1936

J. Bredeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1936

22. I HEREBY CERTIFY, That I attended deceased from August 3 1935 to June 15 1936

I first saw him alive on July 15 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Tuberculosis Pulmonary Date of onset 1924

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray 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? No

If so, specify

(Signed) Phil G. Warner, M. D.

(Address) 1020 Paul Brown Bldg  
St. Louis, Mo.

701 W. W. W. W. W.  
5022 Newcombe

