

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

13323
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
 (b) Township St. Louis Mo. Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. 659
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAWRENCE E. BURNETT

(a) Residence, No. 535 WEST MONROE KIRKWOOD MO. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>Abt</u>	<u>24</u>	<u>?</u>	<u>?</u>	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

FATHER

13. NAME JAMES BURNETT
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME ROBENA ROBINSON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT STELLA GRADY
 (ADDRESS) 5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gay Cemetery DATE 4/28/38

19. FUNERAL DIRECTOR S. C. Lewis
 (ADDRESS) Whester

20. FILED APR 27 1938 J. P. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to April 21, 1938
 I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Meninges
 Date of onset 3-15-38

Other contributory causes of importance:
gk

Name of operation none Date of ?
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Nancy Ulrich, M. D.
 (Address) 5 West

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.

