

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 Days
(Specify whether _____)
 In this community 15 years.
years, months or days

3. (a) PRINT FULL NAME Zora Burns **652**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Burns 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased August 16, 1901.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 11 14 hr. _____ min.

9. Birthplace Pittsburg Landing Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name William C. Turner
 13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Burke
 15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Burns
 (b) Address 1517 Hampton Ave.,
 17. (a) Burial (b) Date thereof 8/2/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Byttheville Arkansas
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.,
 19. (a) JUL 31 1939 (b) J. F. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis **4**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1517 Hampton Ave.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
 year 1939 hour 1:20 minute _____ A. _____ M.

21. I hereby certify that I attended the deceased from July 12, 1939, to July 30, 1939;
 that I last saw h 45 alive on July 30, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Tubercular yellow atrophy of liver

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? _____
(Specify type of place) (a) Means of injury
 23. Signature [Signature] (M. D. or other) _____
 Address City Hospital Date signed 7/31/39

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.

1939 X1931

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

J. G. Sullivan

Licensed Embalmer No. 1122

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, above space should be left blank.