

Registration District No. 791  
1002

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9054

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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, #1  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5917 Wells Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Burns 652

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Essie I. Burns 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 3, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>I</u>	<u>I9</u>	hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired butcher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Americus Burns

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Geo. Ulrich

(b) Address 5917 Wells Ave.

17. (a) burial (b) Date thereof Oct. 25/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Geo. W. Clark

(b) Address 1125 Hodiamont Ave.

OCT 24 1939 (Date of registration) (b) J.F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22, year 1939 hour 10:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from October 4, 1939, to October 22, 1939  
that I last saw him alive on October 22, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Prostatic hypertrophy  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Broncho pneumonia

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) (e) Means of injury \_\_\_\_\_

23. Signature Kenneth L. Barton (M.D. or other) Address 1515 Lafayette 10/23/39

PHYSICIAN  
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING

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.

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**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.....

Licensee Embalmer No. 3225

P. O. Address 1125 Goddard Ave.

**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.**