

7979

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 775

Primary Registration District No. 6050-A

Registrar's No. 22

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) ✓  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) (Specify whether  
years, months or days) 6-0

3. (a) PRINT FULL NAME PAUL WILLIAM BURR

3. (b) If veteran, name war 70 3. (c) Social Security No. 38-490-14-2829

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Audrey Burr 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 10 1914  
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name Thomas Burr

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

14. Maiden name Mamie Renne

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

16. (a) Informant's own signature Mamie Burr  
(b) Address 202 Francis St Bonne Terre MO

17. (a) Burial (b) Date thereof Feb. 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Seaborn  
(b) Address 313 Benton, Bonne Terre, Mo  
19. (a) Feb. 24 1940 (b) N. W. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 202 Francis St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st  
year 1940 hour 6:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from By Request  
Feb. 22nd 1940  
that I last saw h. Jerry Verdeck 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death by a gunshot  
wound inflicted by  
lost lead in self-defense

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

Other conditions 170  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) as above stated  
(b) Date of occurrence Feb. 21 1940  
(c) Where did injury occur? Bonne Terre Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place)  
(e) Means of injury gun shot

23. Signature Joe D. Dener (M.D. or other) Coroner  
Address at River Date signed 2-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

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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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre Mo

**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.**