

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13226

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3428

1. PLACE OF DEATH: 1

(a) County _____

(b) City or town St. Louis
(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 10 minutes
(Specify whether)

In this community _____
years, months or days

8. (a) PRINT FULL NAME John Byrns Burns 152

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Patrick Byrns Burns

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

14. Maiden name Elien Killeen

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

16. (a) Informant Leathorne Burns
(b) Address 4108 Flad Ave.

17. (a) Burial (b) Date thereof 4/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) APR 15 1940 (b) _____
(Date received from Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 702 N. Fourth St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis

Due to Arteriosclerosis

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

Major findings: Of operations 946

Of autopsy _____

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) _____ means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____
Address City of St. Louis Date signed 4/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Just D. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.