

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16162

State File No.

FILED MAY 8 1940  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 671

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 4/2/40.  
(Specify whether years, months or days) unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4115-A Labadie Avenue.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1940 hour 12:15 minute \_\_\_\_\_ p.M.

21. I hereby certify that I attended the deceased from April 2, 1940, to April 5, 1940;  
that I last saw him alive on April 5, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart disease secondary to long standing lung disease with cardiac enlargement, myocardial damage and severe myocardial insufficiency. Unkn.

Other conditions Chronic Bronchitis, severe and chronic fibrous pleurisy. Unkn.  
Major findings:  
Of operations: No operations.  
Of autopsy: No autopsy.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature HARRY LEVINE, M.D. (M. D. or other)  
Address Vet. Adm. Bldg., Jeff. Bks., Mo.

3. (a) PRINT FULL NAME Thomas D. Burns 1052

3. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased: June 21 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 9 14 hr. min.

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

10. Usual occupation: City Fireman.

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

12. Name Thomas Burns

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

14. Maiden name Anna Trottmann

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

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) BURIAL (b) Date thereof 4-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director M. Schuller

(b) Address 5165 DELMAR BLVD

19. (a) APR - 6 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

**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 Howard F. Rowland

Licensed Embalmer No. 3118

P. O. Address St Louis 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.**