

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20467

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5415

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to Hospital
 (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)

3. (a) PRINT FULL NAME Ora Burnett3. (b) If veteran,
name war no.3. (c) Social Security
No. No Card4. Sex Female5. Color or
race Col.6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Thomas Burnett6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept 17, 1893

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

46

9

3

hr.

min.

9. Birthplace Kansas City Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Maid

11. Industry or business

MOTHER FATHER

12. Name Joseph Ash13. Birthplace -- Okla.

(City, town, or county)

(State or foreign country)

14. Maiden name Nettie Thomas15. Birthplace -- Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Thomas Burnett(b) Address 4267 W. Aldine Ave17. (a) _____
(Burial, cremation, or removal)(b) Date thereof June 25, 1940
(Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Wright's Funeral Home.(b) Address 3100 Easton Ave19. (a) JUN 24 1940
(Data received local registrar)(b) J. F. Brudek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4267 W. Aldine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
 year 1940 hour 9:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis;Chronic Parenchymatous Nephritis;

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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)

(e) Means of injury _____

23. Signature Joseph M. Deacon

(M. D. or other)

Address Deacon's

Date signed _____

FILED
799 JUL

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 me

Chas. Gaines

Registered Apprentice No. 2349

working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

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.