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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26352

Registration District No. 57 8940

Primary Registration District No. 116

Registrar's No. 1420

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Valley Park

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town ~~St. Louis.~~

(If outside city or town limits, write "RURAL")

(d) Street No. 1113a Chambers Str.

(If rural, give location)

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

3. (a) PRINT FULL NAME William Burnett, 653

3. (b) If veteran, name war 345-05-3672 3. (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 December 31st, 1918 (Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business St. Louis Basket & Box Co.

FATHER
12. Name William Burnett
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Morris,
15. Birthplace Minnesota (City, town, or county) (State or foreign country)

16. (a) Informant James Sparentella

(b) Address 1113a Chambers Street.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 7-31-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy Leidner Mnd. Co

(b) Address 2223 St. Louis Ave.,

19. (a) JUL 30 1940 (Date received local registrar) (b) R. R. Meyer M.D. D.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 10 minute 8 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 Accidental drowning in the Meramec River - while in wading

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 7/28/40

183

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) Accident

(b) Date of occurrence July 28, 1940

(c) Where did injury occur? Valley Park Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707 Meramec River (Specify type of place)

While at work? No (e) Means of injury drowning

23. Signature John Connell (M. D. or other)

Address Board of Surgeons Date signed 7/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.