

2-40  
-39

SEP 25 1948

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(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 2 Mos. 5 Days  
(Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULLNAME Charles Burns 652

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male race White

5. Color or race White

6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 80 hr. min.

9. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business unknown

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant W. H. Hargrett

(b) Address 722 Chestnut St.

17. (a) (b) Date thereof Aug. 2 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (e) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) AUG 3 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....

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

(d) Street No. 823 N. 6th Str  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2,  
year 1940 hour 5:35 minute A. M.

21. I hereby certify that I attended the deceased from May  
28, 1940 August 2, 1940  
that I last saw him alive on August 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Prostate

Due to 107a

Due to.....

Other conditions Hypostatic Pneumonia  
(Include pregnancy within 3 months of death)  
Bronchial

Major findings: Hypertrophic Prostate

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)

(c) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 8/2/40

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

MOTHER FATHER

JUL 7 1945

**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

Licensed Embalmer No.

P. O. Address

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

**If this body is not embalmed, fact should be so stated above.**