V. S. No. 1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 508

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 508

1. PLACE OF DEATH:

(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:
En route City Hospital #2 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 Missouri (b) County 000

(c) City or town St. Louis 1121
(If outside city or town limits write "RURAL")

(d) Street No. 2621 Market 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Jessie Burnett

3. (b) If veteran, name war —

3. (c) Social Security No. 497-05-7327

4. Sex Male

5. Color or race Cold

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

6. (b) Name of husband or wife Gertrude Burnett

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Nov. (Month) 16 (Day) 1899 (Year)

8. AGE: Years 42 Months 1 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Scullins

FATHER
12. Name Jerry Burnett
13. Birthplace (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Not Known 9 (State or foreign country)

16. (a) Informant Gertrude Burnett
(b) Address 2621 Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Lawton

19. (a) JAN 17 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th year 1941 hour 2:15 minute A. 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 Carbon Monoxide Poisoning adn extensive first and second degree burns when an overheated stove caused
Due to a fire in a room in which he was living at 2621 Market Street, about
Due to 2:00 A.M. January 12, 1941.
DAMAGE TO BUILDING $150.00, to the
Other conditions contents $50.00
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

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 Jan. 12, 1941 000
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas H. Collins (M. D. or other)
Address Deputy Coroner Date signed 1/13/41

(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, [redacted]

..., Registered Apprentice No.....

working under my personal supervision.

Signed James H. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton Ave.

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.

V. S. No. 2B
500—4-25-41
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STANDARD CERTIFICATE OF DEATH

State File No. 508

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 508

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:

(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 (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Burnett

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 42 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-15-41 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 1941 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thos H. Collans (M. D. or other)

Address Deputy Cor Date signed

SUPPLEMENTARY