

BUREAU OF THE CENSUS
FILED MAR 7 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. 12468

1003

Registrar's No. 3765

Registration District No. _____

Primary Registration District No. _____

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:
St. Louis Childrens 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4521 Willow Wood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 1942 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from 4-2
1942 to 4-27, 1942
that I last saw her alive on 4-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia;
Sepsis, Anemia - Congestive Edema
Due to Bronchial Pneumonia
Due to 3 of
2, 11
Other conditions 2 spots of kidney hemorrhages
(Include pregnancy within 3 months of death)
Major findings: in lungs, lungs - 4
Of operations pneumonia
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME RUTH ANN BURNETTE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 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 Jan. 27 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Walter E. Burnette

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

14. Maiden name Claudine Oatley

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

16. (a) Informant Walter Burnette

(b) Address 4521 Willow Wood

17. (a) Burial (b) Date thereof 4-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 15/11/42 20 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

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 R. J. Doffen (M. D. or other) _____
Address 500 So. Temple Hwy Date signed _____

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

MOTHER FATHER

844

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

Warren A. Carver

Licensed Embalmer No.

3534

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, fact should be so stated above.