

DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 10830

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 4 days  
(Specify whether  
 In this community 26 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 519 So. 23rd St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME

James Burns

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

4. Sex Male 5. Color or Race Col 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mabel Burns 6. (c) Age of husband or wife if alive 32 years  
 7. Birth date of deceased Nov. 21 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 0 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer  
 11. Industry or business Mo. Pacific R.R.

MOTHER FATHER { 12. Name Joseph Burns  
 13. Birthplace Miss.  
(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 Mabel Burns  
 (b) Address 519 So. 23rd St.  
 17. (a) Burial (b) Date thereof 12/11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park  
 18. (a) Signature of funeral director Dement & Son  
 (b) Address 2629-31 Cole Street  
 19. (a) DEC 8 1943 J. F. Burns  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,  
 year 1943 hour 2 minute 45 A. M.  
 21. I hereby certify that I attended the deceased from November  
2, 1943 to December 6, 1943  
 that I last saw him alive on December 6, 1943  
 and that death occurred on the date and hour stated above.

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

Duration Unk.

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 \_\_\_\_\_  
 Signature Elva Moore (M. D. or other) \_\_\_\_\_  
 Address 2601 Wheeler Date signed 12/1/43

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

---

---

**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..... *William Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldine*

**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.**