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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4051
Registrar's No. 1349

Registration District No. 318 Primary Registration District No. 1003

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: Missouri Pacific 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 Missouri (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL") NR
(d) Street No. 7335 Zepher Place (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW WM. BURNESON

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-14-6977

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mazie Erhardt Burneson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 29, 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 18 Days 10 If less than one day hr. min.

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

10. Usual occupation Bridge & Building Foreman

11. Industry or business Mo. Pac. R. R. Co.

FATHER
12. Name Wm. Thomas Burneson
13. Birthplace St. Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Elizabeth Douglas
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. W. Burneson
(b) Address 7335 Zepher Place

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 12 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9 year 1945 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from 1/31/45, 19..., to 2/9/45, 19...; that I last saw him alive on 2/9/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Chr. Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus	
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 J. Schlenker (M. D. or other)
Address M.P. Pac. Hosp. Date signed 2/9/45

(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.....

Licensed Embalmer No.....1994.....

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.