

No. 2
-12-45
5-17-39
I X47070

State File No.

FILED FEB 24 1947 #66219

Registrar's No. 1453

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: 318

(a) County..... St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... MICHAEL BURNS

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

3. (c) Social Security No.....

4. Sex male⁰ race white

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..... unknown
(Month) (Day) (Year)

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

about 75 years

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

10. Usual occupation..... Retired on pension

11. Industry or business..... 30 years with Terminal R.A.

MOTHER FATHER

12. Name..... Unknown

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..... Edward Keigley

(b) Address..... 2135a S. Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Feb. 13th. 1947
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Johns Cemetery

18. (a) Signature of funeral director..... Henry Leidner Und. Co

(b) Address..... 2223 St. Louis Ave

19. (a) FEB 13 1947 (b) J. F. Bredek (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 3225 Montgomery, Oznam shelter Memorial (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th
year 1947 hour 12:35 minute A M.

21. I hereby certify that I attended the deceased from 12/22/46 to 2/11/47
that I last saw him alive on 2/11/47 and that death occurred on the date and hour stated above.

Immediate cause of death: *Generally id*
patient following
collapse for
ca of the heart

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations..... H6

Of autopsy..... as above

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.....

23. Signature..... J. F. Bredek 2/11/47 or other.....
Address..... Date signed.....

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2220 St. Louis Mo

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.