S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39494

Registrar's No. 11193

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

**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. Lukes Hospital
(If not in hospital or institution, write street number or location)

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

In this community

**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. 5327 Pershing Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WALTER S. BURNS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emily Elms Burns

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July (Month) 28 (Day) 1861 (Year)

8. AGE: Years 86 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation retired - advertising dep't.

11. Industry or business Post Dispatch

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

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

16. (a) Informant Mrs. Emily Elms Burns
(b) Address 5327 Pershing Ave., St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) DEC 8-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 6th year 1947 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 26, 1947, to Dec 6, 1947, that I last saw him alive on Dec 5, 1947, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis, Chronic | years |
| Due to Generalized arteriosclerosis | years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 Sim F. Beam (M. D. or other) M.D.
Address 8029 Maryville Blvd Date signed 12/6/47

SIM F. BEAM

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Sim F. Beam
8029 Forsythe Blv'd.,
PA-5307 2 - 5 P.M.
or
3720 Washington Blv'd.,
JE-3426

1.1.93

## 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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address 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.**