

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST LOUIS  
(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 HOSP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution SIX MONTHS  
(Specify whether years, months or days) (LASALLE DEWEY BURNETTE)

3: (a) PRINT FULL NAME Lasalle Dewey BURNETTE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 8 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 4 22 hr. min.

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

10. Usual occupation RAILROAD TRAINMAN

11. Industry or business HARRY L. BURNETTE

12. Name HARRY L. BURNETTE

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

14. Maiden name ANNA DEWEY

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

16. (a) Informant WELLS D. BURNETTE

(b) Address 7415 NORTH ROGERS AVE. CHICAGO, ILL.

17. (c) REMOVAL (b) Date thereof APRIL 30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PUEBLO, COLORADO.

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 2233 W. Belmont

19. (a) APR 30 1948 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Pueblo 999  
(c) City or town Pueblo  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 31  
1947 to April 30 1948;  
that I last saw him alive on April 30 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration 5 Mos

Due to Coronary Thrombosis 11 Mos

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Wm Boyl (M. D. or other) Med

Address Moore Hwy Date signed 4-30-48

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

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**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.**