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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED SEP 13 1948**

UNITED STATES DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **27565**  
Registrar's No. **7760**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**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:  
1784a Mississippi Ave. /  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County AND  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1784a Mississippi Ave. (If rural, give location)  
(e) Citizen of foreign country? 23 (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Larry T. Burns  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 1 year 1948 hour 8 minute 30 A. M.  
**21. I hereby certify that I attended the deceased from** Dec. 28 1948 to Aug 31 1948.  
that I last saw him alive on Aug 31 1948 and that death occurred on the date and hour stated above.

4. Sex Male 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 Dec. 14 1946  
(Month) (Day) (Year)

Immediate cause of death SARCOMA OF LEFT ARM AND L. LEG Duration 18 Mo.  
Due to Primary site - Arm  
Due to 55  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
1 8 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James J. Burns  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marcella Kempter  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Burns  
(b) Address 1784a Mississippi Ave.

17. (a) Burial (b) Date thereof 9/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Hildreth  
(b) Address 3634 Gravois Ave.

19. (a) SEP 7 1948 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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 William J. Nash (M. D. or other) DD  
Address 1829 S. 18th St. St. Louis Date signed 9/1/48

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

**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 *Robert Wheeler*

Licensed Embalmer No. *2128*

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.**