

FILED JAN 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11361

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2835 a Delmar Blvd.,  
(If rural, give location)  
(e) Citizen of foreign country? 21 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kennett Burnett

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

4. Sex Male 5. Color or race No 6. (a) Single, widowed, married, divorced ( )

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

7. Birth date of deceased Dec 20, 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. \_\_\_\_\_ min.

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

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

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

12. Name Henry C. Burnett

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

14. Maiden name Emma Lee Jarrett

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

16. (a) Informant Mother

(b) Address 2835a Delmar Blvd.,

17. (a) \_\_\_\_\_ (b) Date thereof DEC 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Roland Mortuary Service

(b) Address 4164 Manchester Ave

19. (a) DEC 31 1948 (b) J. B. [Signature]  
(Date recorded local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 20th 1948 to 9.15 Dec 20 1948 that I last saw him alive on Dec 20th and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Prematurity (6 1/2 months)

Due to Miscarriage.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 159  
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 1)

23. Signature Monroe H. Little (M. D. or other) \_\_\_\_\_

Address 3167 S. [Address] Date signed \_\_\_\_\_

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

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.**