

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38339

BIRTH NO. <u>36524-50</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. <u>9181</u>	
1. PLACE OF DEATH a. COUNTY <u>1919 R-Carr</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO 2759</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1913 W Carr</u>				d. STREET ADDRESS (If rural, give location) <u>1919 R Carr</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hurdus</u> b. (Middle) <u>Burns</u> c. (Last) <u>Jr</u>			4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 08, 1950</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					<u>17</u>	<u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Hurdus Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Whitfield</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Burns</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Annie Burns Lane</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>A90X</u>			
22. I hereby certify that I attended the deceased from <u>10-25</u> , 19 <u>50</u> , to <u>10-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>50</u> , and that death occurred at <u>8</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clare Blake M.D.</u>				23b. ADDRESS <u>1706 Walton</u>		23c. DATE SIGNED <u>10-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>Oct 30 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Bletcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis and Bloom 1405 BIDDLE</u>			

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

