

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25696

State File No.

XC 676
REC# 95 294
AUG 7 1951
BIRTH NO. 8-7-51

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2687

1. PLACE OF DEATH a. COUNTY ST. LOUIS <i>Yass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS <i>2069</i>	
c. LENGTH OF STAY (in this place) <i>2 weeks</i>		d. STREET ADDRESS (If rural, give location) <i>6</i> 5650 COTE BRILLIANTE AVE.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS	b. (Middle) J.	c. (Last) BURNS
4. DATE OF DEATH	(Month) JULY	(Day) 16,	(Year) 1951
5. SEX MALE <i>0</i>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED <i>←</i>	8. DATE OF BIRTH 4-16-1900
9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY SHERIFF	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI <i>0</i>	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME LOUIS BURNS	13b. MOTHER'S MAIDEN NAME JULIA MC CARTY	14. NAME OF HUSBAND OR WIFE NONE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS JEFFERSON BRKS, MO.
--	------------------------------------	--	--	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Of Lung, Right. P.O.</u>		INTERVAL BETWEEN ONSET AND DEATH 16 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho Pleural Fistula, P.O.</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes, Mellitus</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) VA	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1951, to 7-16, 1951, and that death occurred at 6:06 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS M.D. VET ADM HOSP JEFFERSON BRKS MO	23c. DATE SIGNED 7-16-51
--	---	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE July 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. 7-18-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS 161950 Grand
-------------------------------------	---	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *37119*

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.