

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38787

FILED NOV 30 1951
BIRTH NO. 79350-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9419

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4091	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital		d. STREET ADDRESS (If rural, give location) 6146 Shillington Lane (Berkley)	
3. NAME OF DECEASED a. (First) Gary b. (Middle) Eugene c. (Last) Burns			4. DATE OF DEATH (Month) (Day) (Year) October 15 - 1951
5. SEX Boy	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH October 13, 1951
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) d
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George Sylvester Burns	13b. MOTHER'S MAIDEN NAME Mabel Hamilton	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George S. Burns, 6146 Shillington - Berkley	ADDRESS
--	-------------------------	--	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abruptio placentae DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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? 7610
---	--	------------------------------------

22. I hereby certify that I attended the deceased from Oct 13, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE George Anstey W. D.	(Degree or title)	23b. ADDRESS 1222 Missouri Theatre	23c. DATE SIGNED 10/16/51
---------------------------------------	-------------------	---------------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-16-51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	-----------------------	--	---

DATE REC'D BY LOCAL REG. OCT 16 1951	REGISTRAR'S SIGNATURE Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Goodhart-Goodhart	ADDRESS 2228 St. Louis, Av
---	-------------------------------------	---	-------------------------------

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

(not embalmed)

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 Goodhart & Goodhart.....

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.