

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11111

FILED MAR 19 1952 9 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>	c. LENGTH OF STAY (In this place) <u>2009</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>8910 Wilma</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Burns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>7</u> <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u> <u>0</u>	8. DATE OF BIRTH <u>Feb 6, 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Heights, Mo</u>
13a. FATHER'S NAME <u>Arthur Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Irma Behrman</u>	14. NAME OF HUSBAND OR WIFE <u>nil</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>nil</u>	16. SOCIAL SECURITY NO. <u>nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Burns</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 INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyanosis Anoxia</u>		DUE TO (b) <u>cardiac failure</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Congenital Heart Disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>birth</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>754.4</u>		20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 6, 1952</u> , to <u>Feb 7, 1952</u> , that I last saw the deceased alive on <u>Feb 7, 1952</u> and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>LeRoy Stephens</u> (Degree or title)		23b. ADDRESS <u>3784 Quashoe</u>	23c. DATE SIGNED <u>2-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo</u>
DATE REC'D BY LOCAL REG. <u>2/8/52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Douke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guy Miller</u> ADDRESS <u>5041 Wilma</u>	

(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.....

working under my personal supervision.

Hubert Embalsmed
Gen. Miller

Signed.....

Signed.....
Student Embalmer

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.