

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13252**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3008**

Spring and Gravois Ave 1121
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 14 6046 Pernod Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) G. c. (Last) Burns		4. DATE OF DEATH (Month) (Day) (Year) 4-1-1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-23-1873
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Post-Dispatch	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Burns		13b. MOTHER'S MAIDEN NAME Josephine Tobrey	14. NAME OF HUSBAND OR WIFE Laura Burns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-09-8137	
17. INFORMANT'S SIGNATURE OR NAME <i>Laura Burns</i>		ADDRESS 6046 Pernod Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombus ANTECEDENT CAUSES DUE TO (b) Myocarditis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Chronic glomeruli nephritis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) 332X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 1-27- , 19 54 , to 4-1 , 19 54 , that I last saw the deceased alive on 4-1 , 19 54 and that death occurred at 10:10 AM from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm Simpson M.D.</i>		23b. ADDRESS 3739 Gravois, St. Louis, Mo.	
23c. DATE SIGNED 4-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-5-1954	
24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road Mo	
DATE REC'D BY LOCAL REG. APR 3 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Jiegenheim Bros</i>		ADDRESS 6409 Gravois Ave	

AUG 8 1937

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.....
Signature of Student Embalmer

Signed *Yau M. Sienore*.....
Licensed Embalmer No. *434*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.