

6768

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1955

 BIRTH NO. 11745-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>0</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) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>1:HR.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> <u>442</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St MARY'S HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>338 N. BRENTWOOD BLVD.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOUSE</u> b. (Middle) <u>BURNS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>2</u> <u>55</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>2/1/55</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Days <u>0</u>
IF UNDER 12 HRS. Hours <u>1</u>	IF UNDER 15 MIN. Min. <u>13</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>HAROLD M. BURNS</u>		
13b. MOTHER'S MAIDEN NAME <u>DORTHY FAHEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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> <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold M Burns 338 N. Brentwood Bl.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immature Premature</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Adlebasia</u>					
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 <u>7625</u>			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) 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>2-2-55, 19</u> , to <u>2-2-55, 19</u> , that I last saw the deceased alive on <u>2-2-55, 19</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Vincent L. Cherle, M.D.</u>		23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>2-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>2/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>765 Hillman Bl.</u>	

SW (Licensed Embalmer's Statement on Reverse Side)

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

No. 200
10.48

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

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yohanka

Licensed Embalmer No. *3917*

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 this body is not embalmed, fact should be so stated above.