

DATE AMENDED  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

**FILED SEP 18 1961**

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b **16 DAYS**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VETS ADMINISTRATIVE HOSP.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **ST LOUIS**  
c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **4952 Mc Person** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **HARRY** Middle **L.** Last **BURNETT** 4. DATE OF DEATH Month **8-31-61** Day Year

5. SEX **MALE** 6. COLOR OR RACE **CAU** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-27-97** 9. AGE (last birthday) **64** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FINISHER** 10b. KIND OF BUSINESS OR INDUSTRY **CARPENTRY** 11. BIRTHPLACE (City and state or country) **LAKE MOUNTAIN, N. C.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **ALDRIDGE BURNETT** 13b. MOTHER'S MAIDEN NAME **ELIZABETH BURNETT** 14. NAME OF HUSBAND OR WIFE **ELLA BURNETT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WWI** 16. INFORMANT **Arthur Van Stradten** Address **4498 Lee St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **MYOCARDIAL INFARCTION**  
DUE TO (b) **A S H D**  
DUE TO (c) **4200**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **NA** **8-16-61** to **8-31-61** and last saw him alive on **8-31-1961**  
Death occurred at **10:35 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or type) **William H. Sheffield, MO.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **8/31/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-4-61** 23c. NAME OF CEMETERY OR CREMATORY **Arthur Creel** 23d. LOCATION (City, town, or county) (State) **Houston Mo**

24. FUNERAL DIRECTOR **Albert H. Hoppe** ADDRESS **4700 Washington** 25. DATE RECD. BY LOCAL REG. **SEP 1 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

**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 Elmo R. Sadwick

Licensed Embalmer No. 4877

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.