

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-088496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8597**

STATE FILE NUMBER

FILED AUG 29 1963

VS 300
Rev. 4/59

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DATE AMENDED	
INSTEAD OF	
DOCUMENT	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
SHOULD READ	
BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		Length of stay in 1b 2 days	c. CITY OR TOWN East St. Louis, Illinois
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give Home) E-4 Bldg. Apt. 106 Orr Weathers
3. NAME OF DECEASED (Type or print) First HENRY Middle E. Last BURNS		4. DATE OF DEATH Month August Day 20 , Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Housing Authority	11. BIRTHPLACE (City and state or country) Aberdeen, Mississippi
13a. FATHER'S NAME Henry Burns		14. NAME OF HUSBAND OR WIFE BLANCHE BURNS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <input checked="" type="checkbox"/> No		17. INFORMANT Orr Weathers Homes	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Acute Myocardial Infarction Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) Unknown Disease		INTERVAL BETWEEN ONSET AND DEATH abt 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from Feb. 12, 1960 to Aug 20, 1963 and last saw her/him alive on Aug 20, 1963 Death occurred at 5:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas R. K. [Signature] MD		22b. ADDRESS 1401 64th E St. Louis, Ill	
22c. DATE SIGNED 8/23/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/25/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory	
23d. LOCATION (City, town, or county) Centreville Township, Ill.		23e. DATE RECD. BY LOCAL REG. AUG 24 1963	
24. FUNERAL DIRECTOR Warren [Signature]		25. REGISTERAR'S SIGNATURE Walter Smith, M.D.	
24. ADDRESS 2114 Missouri Avenue East St. Louis, Illinois			

(Licensed Embalmer's Statement on Reverse Side)

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 Marion C. Offner

Licensed Embalmer No. 15177

P. O. Address East St. Louis, Ill.

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.