WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10425

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 1307 Park ave St. ..... Ward)

File No. .....

Registered No. 3020

2. FULL NAME Basil Knott Burns.

(a) Residence. No. 1307 Park av St., 23 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary L. Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4th 1850

7. AGE: Years 76 | Months 11 | Days 24 | If LESS than 1 day, X hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): not employed

(c) Name of employer: none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Modoc, Ill

PARENTS

10. NAME OF FATHER: James Burns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Modoc, Ill.

12. MAIDEN NAME OF MOTHER: Lucinda Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Modoc, Ill

14. INFORMANT: Chas Burns
(Address) 1307 Park av

15. FILED MAR 29 1927, 19 Mary C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1926 to March 28, 1927 that I last saw him alive on March 26, 1927, and that death occurred, on the date stated above, at 3:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-Nephritis
Chronic
95 B
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Aerterosclerosis
(duration) yrs. mos. ds.

1929

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Cont. Mom

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. F. Westphaelinger, M. D.

, 19 (Address) 1927 Park av, St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellfountain Cemetery

DATE OF BURIAL: 3/30 1927

20. UNDERTAKER: Hetlage

ADDRESS: 9th + Chouteau