

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo. (No. Barnes Hospital)

File No. **31910**

Registered No. **9276**

**2. FULL NAME** Frank Wm Burnett

(a) Residence. No. 4332 Oakwood Ave St. 12 Ward. Rice Park Mo  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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**

Emma Burnett

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 15 1868

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>1</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  Elevator Man  
(b) General nature of industry, business, or establishment in which employed (or employer) Rice - Story Livery Co  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Int. Vernon Ill

**10. NAME OF FATHER**

Frank Burnett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ill

**12. MAIDEN NAME OF MOTHER**

Jane Piper

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ill

**14.**

INFORMANT Neil Burnett  
(Address) 4332 Oakwood Ave

**15. FILED**

Oct 18 1927  
Mar L Starck

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 10 - 18 1927

**17. I HEREBY CERTIFY, That I attended deceased from** 10 - 9 - 1927, to 10 - 18 1927, that I last saw him alive on 10 - 18 1927, and that death occurred, on the date stated above, at 4 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

463 Carcinoma of Stomach

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF.....

**20. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Kray; Gastric Analysis

(Signed) H. Alexander M. D.

, 19 (Address) Barnes Hospital

\*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**

**DATE OF BURIAL**

St. Matthews

Oct. 20 1927

**20. UNDERTAKER**

**ADDRESS**

Edw. F. Howard & Son

3226 Park Ave

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.

