

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

Do not use this space.

3537

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003 File No. ....  
 City St. Louis (No. St. Anne Maternity Hospital St. .... Ward) Registered No. 1182

**2. FULL NAME**

INFANT of Harris Burns  
 (a) Residence, No. 7046 Maryland St., 6 Ward, St. Louis Co. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

|  |
|--|
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1-30-28</u>  |
| 7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. <u>1</u>  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>None</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) ..... |
| 9. BIRTHPLACE (CITY OR TOWN) <u>SAINT LOUIS</u><br>(STATE OR COUNTRY) <u>MISSOURI</u>  |

10. NAME OF FATHER Harris E Burns  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

|   |
|---|
| 12. MAIDEN NAME OF MOTHER <u>Helen Mason</u>  |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... |

14. INFORMANT Harris E Burns  
 (Address) 7046 Maryland  
 15. FILED 31 428 Marl Starroff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31, 1928  
 17.  HEREBY CERTIFY, That I attended deceased from 1/30/28, 1928, to 1/31/28, 1928 that I last saw him/her alive on 1/31/28, 1928, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute myocarditis  
157C  
159 / 61 W  
 (duration) .. yrs. mos. 2 da.  
 CONTRIBUTORY Premature birth (about 30 wks.)  
 (SECONDARY) chr. nephritis of mother (duration) .. yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Percy H. Swahlen, M. D.  
1/31, 1928 (Address) 50 Ann's Hosp., St. Louis

\*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<br><u>Calvary Cemetery</u> | DATE OF BURIAL<br><u>2/1 1928</u> |
| 20. UNDERTAKER<br><u>Arthur Donnelly</u>                              | ADDRESS<br><u>2039 Wash</u>       |

WHIT-ENGRADING 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.

