

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

Do not use this space.

42785

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. City Hospital #2)

File No. ....  
 Registered No. 12046  
 St. .... Ward)

**2. FULL NAME**

Robert Burns  
 (a) Residence. No. 7313 Bulwar St., 6 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>?</u>	DAYS <u>?</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Nil</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7- 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-1- 1928, to 12-7- 1928 that I last saw h. i. m. alive on 12-7- 1928 and that death occurred, on the date stated above, at 6:10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes mellitus  
57 yrs. 5? mos. 9 ds.  
 (duration) - yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Ch. Myocarditis, Ch. Nephritis  
 (duration) yrs. mos. ds.

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 Lab  
 (Signed) J. G. Cunningham, M. D.  
177, 1928 (Address) 2945 Lawton

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

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

**14. INFORMANT**

(Address) City Hospital #2

**15. FILED**

19 11 Nov 1928  
Ray E. Standen  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Greenwood

**20. UNDERTAKER**

J. H. Harrison

**DATE OF BURIAL**

Dec, 12 1928

**ADDRESS**

2906 Lawton

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.

