

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

Do not use this space.

20206

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5880  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Burns

(a) Residence, No. 5630 Easton Ave. 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 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) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lottie Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 8 13

8. OCCUPATION OF DECEASED Riveter  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) American Car & Foundry Co.  
 (c) Name of employer

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

10. NAME OF FATHER David L. Blumberg

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

12. MAIDEN NAME OF MOTHER Sarah Pitach

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

14. INFORMANT Lottie Burns  
 (Address) 5630 Easton Ave.

15. FILED MAY 29 1929 Mar E. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above, at \_\_\_\_\_ P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shock & injuries  
fractured skull  
falling from scaffold  
 CONTRIBUTORY (SECONDARY) Accident

18. WHERE WAS DISEASE COMMENCED 1867  
 IF NOT AT PLACE OF DEATH 194 B

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

18. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Kemner, M.D.

529, 1929 (Address) Dep. Coroner

\*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 Spatsenberg S. Caroline DATE OF BURIAL May 30 1929

20. UNDERTAKER H. Rindskoff ADDRESS 5216 Delmar

WRITE PAINLY, 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.

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