

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.  
**42828**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Townshp. **St. Louis** Primary Registration District No. **1003**  
 City. **St. Louis** No. **6910** **Plateau** St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **12752**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Edmond A. Burnett**  
 (a) Residence, No. **6910 Plateau** St., **4** 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. 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 21, 1909**

7. AGE YEARS **22.** MONTHS **4** Days **5** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. **Student**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis MO.**

13. NAME **Edmond Burnett**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Philadelphia**

15. MAIDEN NAME **Blauche Giraud**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis MO.**

17. INFORMANT **Edmond Burnett** (ADDRESS) **6910 Plateau**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pucker** DATE **Dec 29 1931**

19. UNDERTAKER **Thos. Kuttis** (ADDRESS) **2906 Grand Ave.**

20. FILED **EC 28 1931** **W. C. ...** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 26th 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 18th 1931** to **Dec 26 1931**  
 I last saw him live on **Dec 26 1931** Death is said to have occurred on the date stated above, at **5 P.M.**

The principal cause of death and related causes of importance were as follows:

**Chc Osteomyelitis of femur** Date of onset **9/26/29**  
**93A**  
**154**

Other contributory causes of importance: **acute myocardites** **12/1/31**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **X-ray** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **No** Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify \_\_\_\_\_

(Signed) **W. C. ...** M. D.  
 (Address) **3606 Grand**

