

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

Do not use this space.

14123

791  
1003

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... *St. Louis Mo.* (No. ....) *Sanitarium* St. .... Ward.....

File No.....  
Registered No..... *3454*  
St. .... Ward.....

**2. FULL NAME**

*William Burns*  
(a) Residence, No. *4815 Natural Bridge* St. *13* Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *56* yrs. *7* mos. *13* 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 *Margaret Burns*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 26, 1875*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>56</i>	<i>7</i>	<i>11</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Office man*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unknown*  
10. Date deceased last worked at this occupation (month and year) *Unknown* 11. Total time (years) spent in this occupation *Unknown*

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

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Dr. Mullinas, M.D. 5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *April 7, 1932*

19. UNDERTAKER (ADDRESS) *Chas. Seraglio Son 4259 Grand Blvd*

20. FILED *148 - 8 1932* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 7 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *3-28*, 1932, to *4-7*, 1932

I last saw him alive on *4-7*, 1932. Death is said to have occurred on the date stated above, at *1:15* p.m.

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

*23!*  
*12 1/2 3*  
*Chronic Myocarditis* 3-28-32  
Other contributory causes of importance: *Pulmonary tuberculosis* 3-28-32  
*Toxic periphosis* 3-28-32

Name of operation..... Date of.....  
What test confirmed diagnosis? *Clinical + X-Ray* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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?.....  
If so, specify *Dr. Mullinas*, M. D.  
(Signed) *Dr. Mullinas*  
(Address) *5400 Arsenal*

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.

1932 MISSOURI VITAL STATISTICS—THIS IS A PERMANENT RECORD

