

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

Do not use this space.

14293

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township Winnemago Primary Registration District No. 2103
City St. Louis (No. 3457 - Winnemago)

File No. _____
Registered No. 3629
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3457 - Winnemago Ward 16
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary A. Burnan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1896</u>		
7. AGE <u>55</u>	YEARS <u>7</u>	MONTHS <u>26</u>
		DAYS <u>29</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>29</u>	
	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) <u>St. Louis Mo</u>		
MOTHER / FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 91</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mary A. Burnan 3457 - Winnemago</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>April 17</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wachter & Helderer 2331 Broadway</u>		
20. FILED <u>100 14 15 1932</u> <u>St. Louis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to Apr 12, 1932
I last saw him alive on April 12, 1932. Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:
Bronchial asthma
930
112 930
Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Francis Danes, M. D.
(Address) 1319 So. Bolway

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.

