

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

Do not use this space.

30949

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 401B  
 City St. Louis, Mo. (No. City Hospital #2) St. .... Ward .....

File No. ....  
 Registered No. 8668  
 St. .... Ward .....

**2. FULL NAME**

Bill Burris  
 (a) Residence, No. 3352 Bell St., 21 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Louisiana 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 51

15. MAIDEN NAME .....

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

17. INFORMANT J. W. Berner (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Tattersfield DATE Sept 28, 1932

19. UNDERTAKER Public Undertaker (ADDRESS) 312 Pine

20. FILED SEP 27 1932 Registrar C. J. ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2:10 AM, 19....., to....., 19.....  
 I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 2:30 PM.

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

Shock + Injuries (Fractures of right femur, pubis, bones & ribs), struck by Ford touring car, on St. Louis  
 Date of onset Homicide 200

(Other contributory causes of importance: Deceased was a pedestrian.)

Name of operation 7 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 9/15, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by automobile  
 Nature of injury Fractures of femur, pubis, bones

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. Corso, M. D.  
 (Address) St. Louis

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.

