JAN 26 1934

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

Do not use this space.

File No. 41804

Registered No. 10846

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 306 a Market St. ..... St. ..... Ward)

2. FULL NAME Geo. Burns

(a) Residence, No. 306a Market St. St., 25 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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.
About 67			

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jos. A. Hamilton 306a Market St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bec Hee Cem. DATE Dec. 16 1933

19. UNDERTAKER (ADDRESS) Crogan Und. Co 7416 Manchester Ave.

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 P. m.

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

	Date of onset
Chr. Myocarditis	
9 D	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Harold A. Schultz, M.D.

(Address) Dept. Coroner

12/17/33

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.