

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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH
 County: St. Louis Registration District No. 791
 Township: St. Louis Primary Registration District No. 1003
 City: St. Louis No. City Hospital #2 File No. 18351
 Registered No. 4824 Ward) 18
 2. FULL NAME Daniel Burns
 (a) Residence, No. 2914 W. Euclid St., 18 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Burns
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1878
 7. AGE YEARS 55 MONTHS 5 DAYS 12 If LESS than 1 day,hrs. ormin.
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7/1934
 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 11:15 A. m.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Ga.
 13. NAME Tom Burns
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
 15. MAIDEN NAME Wm.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT Lucy Burns
 (ADDRESS) 2914 W. Euclid Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washing Park Cem DATE 5/12/34
 19. UNDERTAKER (ADDRESS) Russell Ind Co
2782 Olive
 20. FILED MAY 13 1934 J. Bredeck
 Registrar.

Pyonephrosis with Renal Insufficiency - Pulmonary Edema - Terminal
 Other contributory causes of importance: Chronic Interstitial Nephritis
 Name of operation 12N Date of 1934
 What test confirmed diagnosis? 111B 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 _____
 (Signed) Harold P. Chaff _____
 (Address) 1234 _____
5/9/34

