

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No.)..... *St. John* Street..... Ward.....

File No. **26557**
 Registered No. **6726**

2. FULL NAME

(a) Residence, No. *4139 & 1/2 Newstead* **10** 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

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) *Caroline (Bauer) Burns*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 29 - 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 - 7

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

13. NAME *James Burns*

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

15. MAIDEN NAME *Winkmann*

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

17. INFORMANT (ADDRESS) *John Burns 4139 & 1/2 Newstead*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabary* DATE *July 9* 1934

19. UNDERTAKER (ADDRESS) *Parishbury Mort Co 4740 St. Elizabeths*

20. FILED *JLL - 8* 1934 *J. J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6* 1934

22. I HEREBY CERTIFY, That I attended deceased from *July 4* 1934, to *July 6* 1934

I last saw him alive on *July 6* 1934. Death is said to have occurred on the date stated above, at *7:45* p.m.

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

Heart Insultation (Sun Stroke) Date of onset *7-4-34*

Other contributory causes of importance: *none*

Name of operation *closed* Date of *no*
 What test confirmed diagnosis? *closed* 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) *Harry H. Ineizer*, M. D.
 (Address) *4903 Delmond*

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.

AUG 15 1934

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

