

DEC 22 1934

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

Do not use this space.

41546

## 1. PLACE OF DEATH

96 County St. LouisRegistration District No. 1160

Township

Primary Registration District No. 4470City University City (No. 7100) Kingshury

File No. ....

Registered No. 131

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2106 Kingshury 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella J. Burns6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 18537. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 8 21OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President Gen. Manager  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. L. C. E. RR  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation..... 4012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.13. NAME John Burns14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME " " "

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

17. INFORMANT (ADDRESS) Mrs Ella J. Burns  
2106 Kingshury Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 26, 193419. UNDERTAKER (ADDRESS) Mullen and Co.  
5165 Delmar Blvd.20. FILED Nov 23, 1934 Leola D. Moeller  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 193422. I HEREBY CERTIFY That I attended deceased from Sept., 1933, to November 22nd, 1934I last saw him alive on Nov 22nd, 1934. Death is saidto have occurred on the date stated above, at 11:00 a.m.

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

myocardial Disease and Hypertension Chronic  
9/10/33

Other contributory causes of importance:

Carcinoma of Gall Bladder and Liver  
10/20/34Name of operation none Date of .....What test confirmed diagnosis? Phys. Exam 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) August G. Neelmaun, M. D.(Address) 619 1/2 Delmar Blvd.

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.

FEB 27 1946

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