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.

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

Do not use this space.

DEC 20 1935

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No. 38201

Township ~~Central~~ — Primary Registration District No. 4470 — Registered No. 127

City University City, Mo. (No. 6300 Bartmer Ave., St. Ward)

2. FULL NAME James Owen Burns,

(a) Residence, No. 6300 Batrman Ave., St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 23, 1868.

7. AGE: YEARS 67 — MONTHS 10 — DAYS ===== — If LESS than 1 day, ..... hrs. or ..... min.

103

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fright Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Terminal R.R.
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): Pennsylvania

FATHER

13. NAME: Bernard Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Annie Skillen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Hellen Gorman, 6300 Bartmer Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY — DATE: Nov. 26/35.

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED: Nov. 25, 1935 Lena V. Moeller, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10/35, to Nov. 23/35., 19
I last saw him alive on Nov. 23/35. 19 Death is said to have occurred on the date stated above, at 2.45 P.M.
The principal cause of death and related causes of importance were as follows:

Affuffing — Terminal Pneumonia — Date of onset

Other contributory causes of importance: Cardio Renal disease

Name of operation: None — Date of
What test confirmed diagnosis? Physical Findings — 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: No.
(Signed) Pierce Reilly, M. D.
(Address) 6126 Bartmer St Louis Mo

Dr. P. J. Rilley
6125 Bartmer Ave.,
Ca. 5187.