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.

APR 11 1936

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

791

Do not use this space.

12870

1. PLACE OF DEATH

County .... Registration District No. 1003 File No. ....

Township .... Primary Registration District No. .... Registered No. 2933

City St Louis (No. 3826a Kennerly St. .... Ward)

2. FULL NAME Edward J Burns

(a) Residence, No. .... St., 11 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna E Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7th 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ely Walker & Co

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) Kentucky

FATHER

13. NAME James Burns

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Annie E Farrar
(ADDRESS) 3316 Clara av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mch 20 1936

19. UNDERTAKER Arthur J Donnelly U Co
(ADDRESS) 3840 Lindell B

20. FILED MAR 17 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936, to March 17, 1936

I last saw him alive on March 16, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Bronchial Pneumonia

107 B

Other contributory causes of importance:

Chronic Bronchitis

Name of operation none Date of ——

What test confirmed diagnosis? Sym 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) Thomas R Shannon, M. D.

(Address) 1205 Olive St
City

[illegible]
1405 [illegible]
[illegible] 5427

tw 3