JAN 19 1937

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. 1170 — File No. 49411
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 276
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Still Born Burnett
(a) Residence, No. 7700 Snowden St., Ward.
(Usual place of abode) (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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20-1936
7. AGE YEARS MONTHS DAYS — Stillborn — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Still Born
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) St Louis Mo

FATHER
13. NAME FRANK Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME May Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) FRANK Burnett 7700 Snowden
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 11/23/36
19. UNDERTAKER (ADDRESS) Sullivan Undertakers 2849 No Euclid Av
20. FILED Nov. 21, 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1936, to Nov 20, 1936
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra uterine death (Cause unknown)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) William H. Vogt, M. D.
(Address) 330 Medical Bldg

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-3-28-35

Dr. Sam A Bassett
1250 Big Bend Rd.
St 2132

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