

MISSOURI APR 7 1939

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

11243  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jefferson Registration District No. 423  
 (b) Township Warrick Primary Registration District No. 5578  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ State \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME MARIE BURNS  
 (a) Residence, No. BARNHARD Mo State Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8th 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 5 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as 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) De Soto mo.

FATHER 13. NAME Daniel Hopkins 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. now

MOTHER 15. MAIDEN NAME Nettie Scott 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. now

17. INFORMANT William Burns (ADDRESS) Barnhart mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burgess Cemetery DATE March 17 1939

19. FUNERAL DIRECTOR (NAME) Heilistay Funeral Home (ADDRESS) St. Louis, Mo R.R. #2

20. FILED Mar 17 1939 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from By August March 15 1939  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental death due to fire. Date of onset 180/5

Other contributory causes of importance: Burned to death when home burns down.

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 Accident Date of injury Mar 15 1939  
 Where did injury occur? at home Barnhart mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In burning house  
 Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Frank Frazier, Coroner  
 (Address) Festus Mo. 4

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Hammerswick MD

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.** (Failure to comply with the above constitutes grounds for revocation of license.)

**If this body is not embalmed, above space should be left blank.**