

FILED JUL 17 1940  
791

STANDARD CERTIFICATE OF DEATH

State File No.

4972

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
In this community 16 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucien Burnett 653

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mittie Burnett 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. 11 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 7 24 hr. min.

9. Birthplace N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed 9

11. Industry or business \_\_\_\_\_ 9

12. Name Unknown 4

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mittie Burnett  
(b) Address 1401 N. 7 th st.

17. (a) Burial (b) Date thereof June 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Dement & Son.

(b) Address 2629-31 Wash st.

19. (a) JUN 8 1940 (b) [Signature]  
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1401 N. 7th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21  
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-21- 19 40 to 6-4- 1940;  
that I last saw him alive on 6-4- 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration About 3 Yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Symon (M. D. or other) 6-5-1940  
Address 2601 NW Whittier Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 L. Boy  
....., Registered Apprentice No. Myself  
working under my personal supervision.

Signed Lorrie Boykin  
.....  
Licensed Embalmer No. 2946

P. O. Address St Louis 92

**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.**