

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1 Month 24 Days**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County..... **000**
(c) City or town **ST. LOUIS** **176**
(If outside city or town limits, write "RURAL")
(d) Street No. **3439 JUNIATA ST.** **4**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Thomas Burnett**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ALTA BURNETT** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **MAY 8 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **11** Days **2** If less than one day hr., min.

9. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **NFL**

11. Industry or business.....

MOTHER FATHER { 12. Name **HENRY BURNETT**
13. Birthplace **UNK.** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **MARGARET** **UNK.**
15. Birthplace **UNK.** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Burnett**

(b) Address **4160 Lafayette av.**

17. (a) **BURIAL** (b) Date thereof **APRIL 12-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LAUREL HILL CEM.**

18. (a) Signature of funeral director **E. J. Schmur**

(b) Address **3125 Lafayette av.**

19. (a) **APR 12 1941** (b) **J. F. Budich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10th**,
year **1941** hour **3** minute **00** P.A.M.

21. I hereby certify that I attended the deceased from **Feb. 17th**,
1941 to **April 10th**, **1941**
that I last saw h. im. alive on **April 10th**, **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Tuberculosis**
Due to.....

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **13**
Of autopsy..... **23**

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

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) 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) (v) Means of injury.....

23. Signature **W. J. Ferguson M.D.** (M.D. or other)
Address **1515 Lafayette St. Louis, Mo.** Date signed **4/10/41**

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.....

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

working under my personal supervision.

Signed.....

Jose B. Wollmer

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette*

St. Louis

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, fact should be so stated above.