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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26327

Registration District No. 784 Primary Registration District No. 500 Registrar's No. 1539

**1. PLACE OF DEATH:**

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 7/15/41 (Specify whether
In this community Since 7/15/41.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County 999

(c) City or town Springfield 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1213 South 14th Street
(If rural, give location)

(e) Citizen of foreign country? - 2 (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Frank Burns 332-01-7567

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. Yes - not remembered

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced? Widower

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April (Month) 7, (Day) 1872 (Year)

8. AGE: Years 69 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Warsaw, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Waiter

11. Industry or business -

FATHER
12. Name Isaac Burns
13. Birthplace / Indian Territory (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Boyd
15. Birthplace / Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 24, '41 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JUL 24 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 23rd year 1941 hour 7:30 minute a. M.

21. I hereby certify that I attended the deceased from July 15, 1941, to July 23, 1941; that I last saw him alive on July 23, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hypertrophic cirrhosis of liver with portal obstruction. | Unknown. |
| Due to | |
| Due to - 1241 | |
| Other conditions none. (Include pregnancy within 3 months of death) | |
| Major findings: Of operations - | |
| Of, autopsy No autopsy. Refused. | |

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 0

Address Chief Medical Officer Date signed 7/23/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1941

JAN 6 1949

**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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3322

P. O. Address 4107 Finney Avenue

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

**If this body is not embalmed, fact should be so stated above.**