

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 531

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3200 Childress Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Childress /
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

009
17
3

3. (a) PRINT FULL NAME Thomas F. Burnes Jr.

3. (b) If veteran, name war none 3. (c) Social Security No. 490-12-8710

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

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

7. Birth date of deceased Dec. 12, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 1 4 hr. min.

9. Birthplace St. Louis Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Chapman Bros Clean. and Dyers

12. Name Thomas F. Burnes Sr.

13. Birthplace St. Louis Missouri /
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Peterson

15. Birthplace St. Louis Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas F. Burnes Sr.

(b) Address 3200 Childress Avenue

17. (a) Burial (b) Date thereof 1/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thomas J. Finan

(b) Address 1519 South Grand Blvd.

19. (a) JAN 18 1942 (b) J. F. Bredelk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1942 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 14th
Jan 16th 1942 to _____ 19____;
that I last saw him alive on Jan 16th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Infective Endocarditis
Rheumatic
since 1936.

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 _____
(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 _____
23. Signature J. F. Bredelk (M. D. or other)
Address 1519 S Grand Blvd Date signed 1/18/42

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

MOTHER FATHER

J

FEB 26 1942

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Thomas J. Green

Licensed Embalmer No.

1127

P. O. Address.....

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, above space should be left blank.