

FILED FEB 24 1942 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo
 (b) City or town St. Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Luthern Hosp 0 X88BX
 (If not in hospital or institution, write street number or location) 8da
 (d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1033
 (c) City or town Dexter, Mo (If outside city or town limits, write "RURAL") NRD
 (d) Street No. 1 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Clay D. Burns

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Burns 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 30 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Public Clerk

11. Industry or business Public Clerk

12. Name John Burns

13. Birthplace Ky (City, town, or county) (State or foreign country) 1

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Robert Burns

(b) Address 2627 Accomac

17. (a) Burial (b) Date thereof 1/22/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo

18. (a) Signature of funeral director E. Carl White

(b) Address 4299 Lindell

19. (a) JAN 23 1942 (b) J. J. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1942 hour 7 minute 44 M.

21. I hereby certify that I attended the deceased from Jan 13 1942 to Jan 21 1942 that I last saw him alive on Jan 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration 1 w
due to Chronic Nephritis
 Due to Pericarditis acute 1 day

Due to Pericardial effusion 1 day

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1316

Of autopsy Pericardial effusion Pericarditis Uremia

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?

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

23. Signature a m frank (M. D. or other)

Address 2651 Grand Date signed 1/21/42

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

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 19

67

112

112

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..... *Arnold W. Schoene*

..... Licensed Embalmer No. *3864*

..... P. O. Address *St. Louis, Mo.*

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.