

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15372
Registrar's No. 287

Registration District No. 257

Primary Registration District No. 3036

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mary Margaret Burnett

3. (b) If veteran, name war 3. (c) Social Security No. 492-09-7869

4. Sex Female 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 October 6 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 26 hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business American Cat & Sundry

12. Name Jacob Burnett

13. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Boschest

15. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Burnett

(b) Address 1006 N. Benton, St. Charles, Mo.

17. (a) Burial (b) Date thereof April 6 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Burial Home

18. (a) Signature of funeral director H. C. Dallenmyer & Sons Co.

(b) Address 301 N. Second, St. Charles, Mo.

19. (a) 4-6-42 (b) Clarence J. Hessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 N. Benton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 31, 1942 to April 2, 1942
that I last saw h. ex alive on April 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage (Apoplexy) (left)
Due to hypertension

Due to

Other conditions. g3a
(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: No

(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?

(e) Means of injury 0

23. Signature George E. Kuster (M. D. or other) MD

Address St. Charles Mo Date signed 4/6/42

679 (Licensed Embalmer's Statement on Reverse Side)

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

92
3

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

John E. Dellmeyer

Licensed Embalmer No.

2957

P. O. Address

St Charles 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.