

3996

State File No. ....

Registrar's No. 1252

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1943 318

Registration District No. ....

Primary Registration District No. ....

1003

No. 2

-5-42

5-17-39

X32873

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

## 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:  
5524 S. Grand Blvd., /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Joseph P. Burns3. (b) If veteran, name war None 3. (c) Social Security No. ....4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Catherine C. Burns 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased April 5, 1880  
(Month) (Day) (Year)8. AGE: Years 62 Months 10 Days 3 If less than one day  
hr. min.9. Birthplace Litchfield, Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Salesman

11. Industry or business.....

12. Name John Burns13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Katherine Hogan15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Catherine Burns(b) Address 5524 S. Grand Blvd.,17. (a) Removal (b) Date of removal 2-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Litchfield, Ill18. (a) Signature of funeral director Southern Funeral Home(b) Address 6322 S. Grand Blvd.,19. (a) FEB 8 1943 (b) J. F. Bussick  
(Date received local registrar) (Registrar's signature)

## 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. 5524 S. Grand Blvd.,  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 8, 1943  
 year 1943 hour 1 a.m. minute..... M.21. I hereby certify that I attended the deceased from February 1st  
1943 to February 8th 1943  
 that I last saw him alive on February 7th 1943  
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Apoplexy  
 Duration 8 daysDue to Hypertensive Cardio-vascular Disease  
 Duration One Year +

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
 Of operations.....

Of autopsy.....

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 Augustus P. Munsch (M. D. or other)  
 Address 306 Humboldt Bldg Date signed Feb 8/43

*Dr. A. J. Munsch  
Humboldt Bldg.*

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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

*Vinyl L. Beddyman*

Licensed Embalmer No.

*4018*

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.**