

FILED MAR 30 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2677

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:
City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
12 23

(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2335 S. 9th St.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Oscar Burnett

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male

5. Color or race. White

6. (a) Single, widowed, married, divorced. 3 Divorced

6. (b) Name of husband or wife. Mattie Burnett

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

7. Birth date of deceased. August 21, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>27</u>	hr. min.

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

10. Usual occupation. Filling Station Attendant

11. Industry or business.....

MOTHER FATHER {

12. Name. ? Burnett

13. Birthplace. Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name. Don't Know

15. Birthplace. Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Earl Burnett

(b) Address. 2335 S. 9th St.

17. (a) Burial (b) Date thereof. 3/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New St. Marcus Cemetery

18. (a) Signature of funeral director. Weick Bros.

(b) Address. 2201 S. Grand Bl.

19. (a) MAR 20 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day 18
year. 1943 hour. 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Impressions of skull. Laceration of Brain. Lobar Pneumonia. When he was found lying in a creaway at City Hospital #1 about 11:15 pm 3-18-43

Due to Whether he fell or jumped from a fifth floor window. Could not be determined

Of (include pregnancy within 3 months of death) 1943-44

PHYSICIAN

Major findings: 1943-44

Of operations.....

Of autopsy.....

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). Open Verdict

(b) Date of occurrence. 3-18-43

(c) Where did injury occur? St. Louis 9mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Hosp #1
(Specify type of place)

While at work? no (c) Means of injury. fall

23. Signature. Alfred G. Perry (M. D. or other)
Address. Alfred G. Perry Date signed. 3/20/43

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

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.....

Nancy A. Stewart

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St.

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.