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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11950**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3987**

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

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (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:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 12 Days
 (Specify whether years, months or days) 7 yrs.

3. (a) PRINT FULL NAME Charles Burnett
3. (b) If veteran, name war Unknown **3. (c) Social Security No.** Unknown

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife Single **6. (c) Age of husband or wife if alive** Single years
7. Birth date of deceased. June 10, 1883
 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Nath. Burnett **13. Birthplace** Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Florence Belt **15. Birthplace** Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Ann P. Morrison
(b) Address St. Louis City Hospital

17. (a) Burial, cremation, or removal St. Louis City Hospital
 (Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation

18. (a) Signature of funeral director J. F. Braddock
(b) Address

19. (a) Date received for registration APR 20 1943 **(b) Registrar's signature** J. F. Braddock

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 615 Walnut St.
 (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 9, year 1943 hour 8:15 minute A. M.
21. I hereby certify that I attended the deceased from February 28, 1943 to April 9, 1943
 that I last saw him alive on April 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
 Due to _____
 Due to _____
 Other conditions 12/21
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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 Frank J. ... (M. D. or other) 64-8
Address 1515 Lafayette Avenue, **Date signed** 4/9/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.