

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

FILED NOV 1 1944 3 18

L 1003

Registrar's No. 8898

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

In this community 19 years  
(Specify whether years, months or days)

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. 1212 N. Jefferson  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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17  
219

3. (a) PRINT FULL NAME Fletcher Burnett

3. (b) If veteran, name war None

3. (c) Social Security No. 705-07-1729

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife None

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

7. Birth date of deceased Jan. 2, 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,  
year 1944 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from October 8,  
1944, to October 15, 1944,  
that I last saw him alive on October 15, 1944,  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 9 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Hypertensive Cardio-vascular disease Duration Unk.

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

10. Usual occupation Nil.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name William Burnett

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

14. Maiden name UNKNOWN

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Senora Burnett

(b) Address 3006 Budlong Los Angeles, Calif.

17. (a) Burial (b) Date thereof 10/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton, Ave.

19. (a) OCT 20 1944  
(Date received local registrar)

J. Madest  
(Registrar's signature)

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 Alvin Mason (M. D. or other) \_\_\_\_\_  
Date signed 10/16/44

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.**