

FILED NOV 30 1944
318

9849

Registration District No. _____

Primary Registration District No. _____

1003

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4338 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Dennis Matthew Burns

20. DATE OF DEATH: Month November day 18th
year 1944 hour _____ minute 05 A.M.

3. (b) If veteran, name war -- 3. (c) Social Security No. 489-16-8614

21. I hereby certify that I attended the deceased from November 16th 1944 to November 18th 1944 and that death occurred on the date and hour stated above.

4. Sex Male (M) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Bronchopneumonia with peritonitis - tubercular Duration _____

6. (b) Name of husband or wife Anna Burns 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 19, 1876
(Month) (Day) (Year)

Due to _____

8. AGE: Years Months Days If less than one day
68 8 29 hr. _____ min.

Due to 122

9. Birthplace St. Joseph Missouri (M)
(City, town, or county) (State or foreign country)

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

10. Usual occupation Watchman

Major findings: Of operations as above

11. Industry or business _____

Of autopsy as above

12. Name Dennis Burns

22. If death was due to external causes, fill in the following:

13. Birthplace Missouri (M)
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name Mary Walsh

(b) Date of occurrence _____

15. Birthplace Missouri (M)
(City, town, or county) (State or foreign country)

(c) Where did injury occur? _____
(City or town) (County) (State)

16. (a) Informant Mrs. Anna Burns,

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 4338 Washington.

(Specify type of place) _____
While at work? _____ Means of injury _____

17. (a) Burial (b) Date thereof Nov. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature FR Bradley (M. D. _____)

(c) Place: burial or cremation St. Matthews Cemetery

Address BARNES HOSPITAL Date signed 11/16/44

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington Blvd. 8

19. (a) NOV 20 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

00
17
9

35718

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

Philip D. Lesing

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd. (3)

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.