

FILED DEC 21 1945
Registration District No. 318

STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 38985
Registrar's No. 10768

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers 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 St. Louis

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

(d) Street No. 7705 Vermont ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Barney Burns

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillian Burns

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased May 29 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1945 hour 8 minute 10 a. M.

21. I hereby certify that I attended the deceased from Oct 18th
1945 to Dec 9 1945
that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 6 Days 10
If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis

Due to General Circulation

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

10. Usual occupation Nil

Due to Myocardial Infarction

Other conditions Myocardial Infarction
(Include pregnancy within _____ months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Edward Burns

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

14. Maiden name Frances Tabey

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

Major findings:
Of operations _____

Of autopsy Same as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mike Burns

(b) Address 116 E. Holden ave. Lemay, Mo.

17. (a) Burial (b) Date thereof 12-12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) DEC 11 1945 J. F. Brudek
(Date received local registrar) (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? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Oliver J. Brudek (M. D. or other) bes
Address 7606 Michigan Date signed 12/10/45

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 *Harry J. Schumaker*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *7814 S. Broadway*.....

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.