

S. No. 2
M-5-43
5-17-39
I X36877

FILED FEB 1 1946
318

Registration District No. _____ Primary Registration District No. 1002

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:
Homer Phillips 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 5 yrs. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 117
(d) Street No. 4374 1/2 Cote Brillante ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME Robert Burnam
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 329-10-8205

4. Sex Male 2 5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Caroline
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 25 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 25 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Florence Dress Shop

12. Name Frank Burnam

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

14. Maiden name unk

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

16. (a) Informant Caroline Burnam

(b) Address 4374 1/2 Cote Brillante ave

17. (a) Burial (b) Date thereof 1-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Randle & Son

(b) Address 3133 Bell ave

19. (a) JAN 22 1946 (Date received local registrar)
J. Z. Bredon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
year 1946 hour 2/25 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, Chronic Interstitial nephritis
Due to 1 1/2 a
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury _____
23. Signature J. Z. Bredon (M. D. or other) 3
Address 2222 Laban Date signed 1/21/46

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

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

2357

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

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 W. Houston*

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.