

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **148**
236
Registrar's No.

FILED JAN 28 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C Starkloff Memorial
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 4939 Aldine Place
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME FRANCIS BURNS

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male 5. Color or white

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

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

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

7. Birth date of deceased March 26th 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 9 11 hr. min.

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

10. Usual occupation Stage - Hand

11. Industry or business.....

12. Name Edward Burns

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

14. Maiden name Emma Gieselmann

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

16. (a) Informant Mrs. Bernard Ryan - Sister

(b) Address 4939 Aldine Place

17. (a) burial (b) Date thereof 1-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Undertaker

(b) Address 2849 North Euclid Avenue,

19. (a) JAN 8 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1946 hour 12:40 minute P M.

21. I hereby certify that I attended the deceased from 1/2/46
to 1/7/46, 1946,
that I last saw him alive on 1/7/46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
General Paresis

Due to.....

Due to.....

Other conditions.....
(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 1/7/46

23. Signature [Signature] (M. D. or other)
Address..... Date signed.....

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

2358

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.

Signature

Robert L. Drinkman

Licensed Embalmer No. *3553*

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.