

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 42210  
Registrar's No. 11076

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Farmia DeLoe 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)

3. (a) PRINT FULL NAME BURNETTE, BYRON

3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased June 15 1905  
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Mt. Vernon Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Lee Shoe Store

12. Name Edward Burnette

13. Birthplace Mt. Vernon Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Phillips

15. Birthplace Mt. Vernon Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Burnette

(b) Address 3809 Folsom Ave.

17. (a) Burial (b) Date thereof 12 26 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 21 1946 (b) J. F. Bredek  
(Date recorded) (Registrar's signature)

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. 3809 Folsom  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-23-46  
year \_\_\_\_\_ hour 9:05 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-15, 1946 to 12-23, 1946  
that I last saw him alive on 12-23-46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic liver Duration \_\_\_\_\_

Due to Chronic alcoholism & dietary deficiency under \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy Same

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) (c) Means of injury \_\_\_\_\_

23. Signature Sallast Aye (M. D. or other) \_\_\_\_\_  
Address 454 M'Pherson Date signed 12/24/46

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**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 Apprenticé No. ....  
working under my personal supervision.

Signed *Edwin M. Alexander*  
Licensed Embalmer No. *3024*

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.**