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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25368

Registrar's No. 6961

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3310 RUTGER ST
(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 Mo. (b) County 020

(c) City or town ST. LOUIS 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 RUTGER ST 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME PATRICK C. BURNS

3. (b) If veteran, name war

3. (c) Social Security No. 487-20-5583

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife MARY E. BURNS

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

7. Birth date of deceased APRIL (Month) 2 (Day) 1887 (Year)

8. AGE: Years 60 Months 3 Days 23 If less than one day 0 hr. min.

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

10. Usual occupation

11. Industry or business OILER MACHINE

FATHER
12. Name JOHN BURNS
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELLEN UNKNOWN
15. Birthplace ALABAMA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Burns
(b) Address 3310 Rutger St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av.

19. (a) JUL 28 1947 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1947 hour 5 minute p.m.

21. I hereby certify that I attended the deceased from July 25 1947 to July 25 1947 that I last saw ~~him~~ alive on July 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Cancer of Pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (Means of injury)

23. Signature J. F. Allen (M. D. ~~or other~~) M.D.

Address 1446 S. Grand Date signed 7-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis M

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.