

3. No. 2
1-1/47
5-17-39

FILED SEP 18 1947
Registration District No. **918**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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..... **City 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..... **000**

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

(d) Street No. **5655 Highland Ave.**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **William M. Burnes**

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

3. (c) Social Security No. **488-01-9715**

4. Sex **Male** 5. Color or race **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 **May 27th. 1896**
(Month) (Day) (Year)

20. DATE OF DEATH: Month **Sept.** day **7th.**
year **1947** hour **9:00** minute **1** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.....

Immediate cause of death.....
**Suburging Pedma
Congestion & Angioneurotic
Heart Disease**

8. AGE:

Years	Months	Days	If less than one day
51	3	9hr.....min.

Due to..... **Angioneurotic**

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace..... **St. Louis, Mo.**
(City, town, or country) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **William Burnes**

13. Birthplace..... **Ireland**
(City, town, or country) (State or foreign country)

14. Maiden name..... **Margaret Kohler**

15. Birthplace..... **St. Louis, Mo.**
(City, town, or country) (State or foreign country)

16. (a) Informant..... **Elizabeth Burnes**

(b) Address..... **5655 Highland Ave.**

17. (a) **Burial** (b) Date thereof: **9/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Sullivan Funeral Dir.**
2849 North Euclid Ave.

(b) Address.....

19. (a) **SEP 8 1947** (b) *[Signature]*
(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?.....
(Specify type of place)

While at work?..... (Specify means of injury)

23. Signature..... **[Signature]** (D. of other) **3**

Address..... Date signed **9/11/47**

Coroners Case.

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.....
Robert L. Brinkman

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.