No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7239

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 468

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6316 Theodosia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank E. Burns
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased April 26, 1859 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	9	22	hr. min.

9. Birthplace Jacksonville Illinois (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Edward Burns
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Corbet
15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Elsie M. Burns
(b) Address 6316 Theodosia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Avenue
19. (a) 2-19-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1948 hour 10 minute 05 P.M.
21. I hereby certify that I attended the deceased from Jan. 8 1948, to Feb. 17, 1948;
that I last saw him alive on Feb. 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — bilateral c pulmonary edema

Due to 107

Due to

Other conditions Generalized Arteriosclerosis Chronic Cystitis.
(Include pregnancy within 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? (e) Means of injury —
23. Signature Wm. C. Mitchell (M. D. or other)
Address 601 Brentwood Date signed 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1948

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis Mo.

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.