

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
V18 MOTOR

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3906

FEDERAL BUREAU OF INVESTIGATION
NATIONAL OFFICE OF VITAL STATISTICS
#71687
FILED SEP 7 1948 318
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27563
7514
Registration District No. _____
Primary Registration District No. 1003
Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital-Max C. Starkloff
(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 Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5434 Genevieve Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Burner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 December 10, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 16
If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Frederick Burner
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Spielberg
15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Etta Burner
(b) Address 5434 Genevieve Ave.

17. (a) removal (b) Date thereof 8/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 27 1948 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th
year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/12/48
_____ 19____ to Aug. 26th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? Planning to find
(Specify type of place) (e) Means of injury
23. Signature 1515 Lafayette (M. D. or other) 8/28/48
Address _____ Date signed _____

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 Warren A. Carver

Licensed Embalmer No. 3534

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.