S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1948

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

38950

State File No.

Registrar's No. 2735

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [redacted]

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

(d) Street No. 3033 Laclede
(If rural, give location)

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

3. (a) PRINT FULL NAME BURNS, Eddie

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

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Pearlie M.

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

7. Birth date of deceased April (Month) 8 (Day) 1911 (Year)

8. AGE: Years 37 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace "
(City, town, or county) (State or foreign country)

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

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks 23, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director F.A.Green Undertaker
(b) Address 4214 Delmar

19. (a) 11-26-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1948 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from October 10, 1948 to November 20, 1948; that I last saw him alive on November 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOUS MENINGITIS — Duration

Contributory cause: PULMONARY TUBERCULOSIS

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy Autopsy performed
(See cause of death)

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) None

(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 [signature] (M. D. or Coroner)

Address VAH, Jeff. Bks. Mo. Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1958

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 Guyton S. Swan

Licensed Embalmer No. 4580

P. O. Address 4216 Delmar Blv

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.