

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6057
State File No. 1516
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>1512 Cole St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer Phillips Hosp</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Gertrude</i>	b. (Middle) <i>(Mam)</i>	c. (Last) <i>Burnett</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2 10 50</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>14 Dec 1884</i>	9. AGE (in years last birthday) <i>65</i>	If under 1 year Months <i>1</i>	If under 12 hrs. Days <i>26</i>	Hours <i></i>	Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Cotton Plant Ark</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Henry Dennis</i>	13b. MOTHER'S MAIDEN NAME <i>Mary (last name unknown)</i>	14. NAME OF HUSBAND OR WIFE <i>Calvin Burnett</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Calvin Burnett</i>	ADDRESS <i>1512 Cole St</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Apoplexy</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>304X</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *500 A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrol Taylor</i>	(Signature or Title)	23b. ADDRESS <i>1300 Pearl</i>	23c. DATE SIGNED <i>2-15-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>16 Feb 50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>FEB 15 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>3837 Page</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

will

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... C. J. Nash.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2430.....

P. O. Address 3847 Page.....

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.