

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6059

State File No. ....

FILED FEB 17 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1167

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 20 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 19 4129 Carlede		2199 0	
3. NAME OF DECEASED (Type or Print) Laura		a. (First)	b. (Middle)	c. (Last) Burns	4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 8-24-1869-80	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE		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 Henry Wallerstedt		ADDRESS 512 Eiler			
MEDICAL CERTIFICATION					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion DUE TO (c) Arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) H201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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 7:10 A m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Ziegenhein (Print or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/50		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons		ADDRESS 7027 Gravois	
DATE RECD BY LOCAL REGISTRY FEB 6 1950		REGISTRAR'S SIGNATURE J. B. Forster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

2410

**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.

Student .....  
Student Embalmer

Signed W. G. Peterson.....

Licensed Embalmer No. 3637.....

P. O. Address St. Louis.....

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.