

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13862

State File No. ....

318

1003

Registrar's No. 3959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2119</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3225 Montgomery</u>				d. STREET ADDRESS (If rural, give location) <u>3225 MONTGOMERY</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) _____		c. (Last) <u>Burnow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr-18-71</u>	9. AGE (If years last birthday) <u>70</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>		
13a. FATHER'S NAME <u>Wm K</u>		13b. MOTHER'S MAIDEN NAME <u>Wm K</u>		14. NAME OF HUSBAND OR WIFE <u>Wm K</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list of campaigns) (If yes, give date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. J. Taylor</u> ADDRESS <u>1300 Clark</u>				
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, asthma, 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) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				III. OTHER SIGNIFICANT CONDITIONS				
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) _____				
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? <u>H201</u>				
22. I hereby certify that I attended the deceased from <u>3:15</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph M. Zimm</u> Deputy Registrar of title _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/20/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6 APR 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>APR 27 1951</u>		REGISTRAR'S SIGNATURE <u>J.B. Koster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary &amp; Ice Inc.</u> St. Louis 10, Mo?				

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

NOV 23 1951

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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.....

*Students of Mortuary College*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James G. Lammers*  
Licensed Embalmer No. *4142*

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.