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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15113

FILED MAY 12 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 964

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (In this place) <u>1 yr. 4</u>		d. STREET ADDRESS (If rural, give location) <u>221 1/2 So Buvis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) _____ c. (Last) <u>Burns</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>October 8, 1872</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>New York</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Michael Burns</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hogan</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
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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 ADDRESS <u>Records Pine Crest Manchester Mo</u>			
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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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> <u>rips</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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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) <u>422, 2</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from 2-1, 1951, to 4/12, 1951, that I last saw the deceased alive on 4-7, 1951, and that death occurred at 6 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Highwood v. mo.</u>		23c. DATE SIGNED <u>4/12/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antoinette</u>		24d. LOCATION (City, town, or county) (State) <u>Rogan Chiropractic School</u>	
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DATE REC'D BY LOCAL REG. <u>4/13/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u> <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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

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working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

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.

NOT EMBALMED