

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9769

FILED MAR 29 1952

State File No. ....

1003

Registrar's No. .... 2279

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		State File No. ....		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 dys</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2119</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>11 1505 Bacon Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Angelo</u> b. (Middle) _____ c. (Last) <u>Burnley</u>			4. DATE OF DEATH <u>Mar. 9 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 23, 1891</u>		9. AGE (In years last birthday) <u>60</u>		10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>		
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>William Burnley</u>		13b. MOTHER'S MAIDEN NAME <u>Dena Voss</u>		
14. NAME OF HUSBAND OR WIFE <u>May Burnley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-4838</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard E. Burnley, 2840 St. Vincent</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of Large bowel due to Ulcerative Colitis, idiopathic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u> <u>6 wks.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>572.2</u>				
22. I hereby certify that I attended the deceased from <u>3-6</u> , 19 <u>52</u> , to <u>3-9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>52</u> , and that death occurred at <u>3:00 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>M. A. Cassel M.D.</u> (Degree or title)		23b. ADDRESS <u>2801 N Taylor Ave</u>		23c. DATE SIGNED _____				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter &amp; Paul</u>				
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>		ADDRESS <u>Colonia 1 Mortuary 6464 Chippewa St., St. Louis, Mo.</u>				
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		(Licensed Embalmer's Statement on Reverse Side)				

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.