

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2917

State File No.

FILED JAN. 28 1953

318

1003

0537

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 Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township): St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4333 Laclede Ave.		d. STREET ADDRESS (If rural, give location) 19 4333 Laclede Blvd.			

3. NAME OF DECEASED (Type or Print) Max			a. (First)			b. (Middle)			c. (Last) Burness			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1953		
---	--	--	------------	--	--	-------------	--	--	----------------------	--	--	---	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 1, 1909		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		Min.	
----------------	--	---------------------------	--	---	--	-----------------------------------	--	---------------------------------------	--	---------------------------	--	--------------------------	--	--------------------------	--	------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Jaffe Lighting				11. BIRTHPLACE (State or foreign country) Boston, Mass.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Dolores Burness			
-------------------------------	--	--	--	--------------------------------------	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		496-30-4774		17. INFORMANT'S SIGNATURE OR NAME Dolores Burness, 3670a Shaw Blvd.						ADDRESS	
--	--	---------------------------------	--	-------------	--	--	--	--	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)												ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.												Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Chronic Coronary	
												DUE TO (c) Sclerosis					
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. AUTOPOST? 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? 4201			
---	--	--	--	------------------------------------	--	--	--

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 3:18 p.m., from the causes and on the date stated above.

23a. SIGNATURE Gabriel E Taylor Coroner				(Degree or title)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 1-17-53			
--	--	--	--	-------------------	--	--	--	----------------------------	--	--	--	-----------------------------	--	--	--

24a. BURIAL, CREMATION REMOVAL (Specify) Cremation		24b. DATE 1/17/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					
---	--	----------------------	--	--	--	--	--	--	--	--	--

DATE REC'D BY LOCAL REG. JAN 17 1953		REGISTRAR'S SIGNATURE J Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 N. Grand Blvd						ADDRESS	
---	--	---------------------------------------	--	--	--	--	--	--	--	--	--	---------	--

WRITE PLAINLY—USING UNFAADING 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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Stanley H. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

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.