

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2918

State File No.

FILED FEB 11 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0568**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) D.O.A.	
c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS 6426 Judson 4809	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			
3. NAME OF DECEASED a. (First) Hugh (Type or Print)		b. (Middle) Burns	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 17, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married	8. DATE OF BIRTH June 21, 1909
9. AGE (In years) (Month) (Day) (Hours) (Min.) 43		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Mechanic	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto	
11. BIRTHPLACE (City and State or Foreign Country) Williamsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Burns		13b. MOTHER'S MAIDEN NAME Margaret Kelly	
14. NAME OF HUSBAND OR WIFE A Margaret Burns			
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. no	
17. INFORMANT'S SIGNATURE OR NAME A Margaret Burns		ADDRESS 6426 Judson	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ 2. 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. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 332X			
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 530 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Charles E. Taylor		23b. ADDRESS 1301 Clark Av.	
23c. DATE SIGNED 1/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/21/53	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Co, Mo.	
DATE REC'D BY LOCAL REG. JAN 19 1953		REGISTRAR'S SIGNATURE J L Ziegenhein	
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein		ADDRESS & Sons 7027 Gravois	

(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

Newelle D. Thiboutot

Licensed Embalmer No. *3696*

P. O. Address *7027 Garois*

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.