

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13253**
Registrar's No. **3626**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____

c. CITY OR TOWN **St. Louis** d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

e. STREET ADDRESS (If rural, give location) **18 3215 Hickory** **2189**

3. NAME OF DECEASED
a. (First) **Willie** b. (Middle) _____ c. (Last) **Burns**

4. DATE OF DEATH (Month) (Day) (Year) **April 16, 1954**

5. SEX **Male**

6. COLOR OR RACE **Colored**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **January 25, 1910**

9. AGE (In years last birthday) **44**

IF UNDER 1 YEAR Months **2**

IF UNDER 4 HRS. Days **22** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor**

10b. KIND OF BUSINESS OR INDUSTRY **Baby Carriage Co. Indianola, Miss.**

11. BIRTHPLACE (City and State or Foreign Country) **Indianola, Miss.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Will Burns**

13b. MOTHER'S MAIDEN NAME **Mary Anderson**

14. NAME OF HUSBAND OR WIFE **Mary 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. **427-32-6187**

17. INFORMANT'S SIGNATURE OR NAME **Mary Butler** ADDRESS **3215 Hickory St.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cause of Death Unknown- Suspect Spinal Cord Tumor**
INTERVAL BETWEEN ONSET AND DEATH **Undt**

ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (b) _____
DUE TO (c) _____

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. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar. 16, 1954** **to** **Apr. 16, 1954**, **that I last saw the deceased alive on** **Apr. 16, 1954**, **and that death occurred at** **3:17 pm.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **E. B. Williams, M. D.**

23b. ADDRESS **2601 N. Whittier**

23c. DATE SIGNED **4/19/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **4/24/54**

24c. NAME OF CEMETERY OR CREMATORY **Father Dixon Cemetary**

24d. LOCATION (City, town, or county) (State) **St. Louis, County Mo.**

DATE REC'D BY LOCAL REG. **APR 21 1954**

REGISTRAR'S SIGNATURE **Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE **Wm. Smith** ADDRESS **4019 Washington Ave.**

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 43

P. O. Address..... St. Paul

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.