

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 17098  
Registrar's No. 4193

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 17098		Registrar's No. 4193			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN LEMAY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 227 HORN AVENUE #009							
3. NAME OF DECEASED (Type or Print) EMMETT			a. (First)		b. (Middle) C.		c. (Last) BURNS		4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 19, 1903		9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR Days	11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY JOHNSON TIN FOIL CO.			11. BIRTHPLACE (City and State or Foreign Country) FLAT RIVER, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME TOM BURNS			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE MARIE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		703-03-0755		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE BURNS 227 HORN AVENUE LEMAY, MO.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage Ruptured Liver, suffered about 7:50 am May 8 1954 when crushed by elevator shaft collapsed while working at Johnson Tin Foil Company 16 South Broadway						INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO									
		11. 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 Accident						20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Camp		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) May 8 54 7A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9123							
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 7:50 A.M., from the causes and on the date stated above. 40											
23a. SIGNATURE Patrick J. Taylor Coroner					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 5.10.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 11, 1954		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) 1800 LEMAY FERRY ROAD					
DATE REC'D BY LOCAL REG. MAY 10 1954		REGISTRAR'S SIGNATURE J. Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U. & L. CO. 781 SO. BROADWAY ST. LOUIS MO.						

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 *Lewis C. Hoffmann*

Licensed Embalmer No...387

P. O. Address...7814 S.W.

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.