

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **30650**
Registrar's No. **8519**

BIRTH NO. _____ REG. DIST. NO. _____ 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. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**
STREET ADDRESS (If rural, give location) **25 1618 Carver**

3. NAME OF DECEASED (Type or Print)
a. (First) **Henry** b. (Middle) _____ c. (Last) **Burnley**
4. DATE OF DEATH (Month) (Day) (Year) **9 25 55**

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Jan 26 1882** 9. AGE (in years last birthday) **73** IF UNDER 1 YEAR: Months **7** Days **29** IF UNDER 24 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 _____
11. BIRTHPLACE (City and State or Foreign Country) **Greenville Miss.**
12. CITIZEN OF WHAT COUNTRY? **U.S. A.**

13a. FATHER'S NAME **Smith Burnley** 13b. MOTHER'S MAIDEN NAME **Elizabeth** 14. NAME OF HUSBAND OR WIFE **Mabel Burnley**

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. _____
17. INFORMANT'S SIGNATURE OR NAME **Mable Burnley** ADDRESS **1618 Carver Lane**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Rectum with Metastases**
INTERVAL BETWEEN ONSET AND DEATH **Undt.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. **Permanent Colostomy**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **154x**
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) _____ m. _____
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 **8-3**, 19**55**, to **9-25**, 19**55**, that I last saw the deceased alive on **9-25**, 19**55**, and that death occurred at **2:55p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank O. Richards, M.D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **9-26-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-30-55** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St Louis, Mo.**

DATE REC'D BY LOCAL REG. **SEP 29 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A. L. Beal Und. Co 4303 Delmar Bl**

3.02 (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.....
Signature of Student Embalmer

Signed *Daniel W. Hughes*

Licensed Embalmer No. *4580*

P. O. Address *4415 9th*

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.