

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14493

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3634

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4339 Olive St</u>		e. STREET ADDRESS (If rural, give location) <u>4339 Olive St. 2149</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS EARL BURNETT</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2, 1897</u>
9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during last year, even if retired) <u>Barber</u>	
10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marion Duffy</u>	
13b. MOTHER'S MAIDEN NAME <u>Duffy</u>		14. NAME OF HUSBAND OR WIFE <u>Blaise Pearl Burnett</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not known) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>332-18-6537</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blaise Pearl Burnett</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>4339 Olive</u>	

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) <u>LAENNEG'S CIRRHOSIS</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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 <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28/55 to 4/10/56, that I last saw the deceased alive on 4/10/56, 1956, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Victor B. Kieffer M.D.</u> (Degree or title)		23b. ADDRESS <u>100 N. Euclid, St. Louis</u>		23c. DATE SIGNED <u>4/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr. 13, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 12 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith M.D.</u>		ADDRESS <u>2400 Chouteau</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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 *V. E. Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *St. Louis*.....

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.