FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17647

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3823

1. PLACE OF DEATH
a. COUNTY [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo.Pac. Emp. Hosp. Ass'n.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 4 1014 Oakview Place 2049

3. NAME OF DECEASED (Type or Print)
a. (First) Claude b. (Middle) Lee c. (Last) Burnett

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 56

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH 8-20-82
9. AGE (In years last birthday) 73 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Chamois, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Taylor Burnett
13b. MOTHER'S MAIDEN NAME Lucinda Willis
14. NAME OF HUSBAND OR WIFE Minnie Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Not known (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 702-18-0180
17. INFORMANT'S SIGNATURE OR NAME Hugh Burnett, Chamois, Mo. ADDRESS

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Choledocholithiasis — INTERVAL BETWEEN ONSET AND DEATH: Over 1 month

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic cholecystitis - stone — Unknown
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 None
19b. MAJOR FINDINGS OF OPERATION 584x
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) sickness
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no injury
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* 3 April 56, *to* 13 April 56, *that I last saw the deceased alive on* 13 April 56, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 3720 Washington
23c. DATE SIGNED 16 April 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-15-56
24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
24d. LOCATION (City, town, or county) Chamois, Mo. (State)

DATE REC'D BY LOCAL REG. APR 17 1956
REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS
(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Buckley

Licensed Embalmer No. 36

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.