

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER
1583

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,				c. CITY OR TOWN Hannibal, Mo.		b. COUNTY Marion	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Altenheim				Length of stay in lb 7 Yrs.		3(d). STREET ADDRESS (If outside, give location) 216 So. Griffith	
3. NAME OF DECEASED (Type or print) First Anna Middle Elizabeth Last Burns				4. DATE OF DEATH Month Feb. Day 15, Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-20-1871	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Henning				14. MOTHER'S MAIDEN NAME Anna Sievers			
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. Nil.		17. INFORMANT Records of Lutheran Altenheim Home, Address 8721 Halls Ferry			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senescent arteriosclerosis & heart disease</i> DUE TO (b) <i>fall from chair operation of leg left</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>9021</i> <i>45</i>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fall from chair.</i>			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year <i>1-30-1957</i>				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lutheran Altenheim Home, 20e. CITY, TOWN, OR LOCATION Halls Ferry, St. Louis, Mo.			
21. I attended the deceased from <i>June 1948</i> to <i>Feb 15-57</i> and last saw her alive on <i>Feb 15-57</i> Death occurred at <i>1 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>			
22a. SIGNATURE <i>John P. Morris M.D.</i> (Degree or title)				22b. ADDRESS <i>8209 1/2 Broadway</i>		22c. DATE SIGNED <i>2/15/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE <i>2-16-57</i>		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri.	
24. FUNERAL DIRECTOR Albert E. Zoppe 4700 Washington,				25. DATE RECD. BY LOCAL REG. FEB 16 '57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

with, affare, blic, vice

00
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not write "symptoms" or "diagnosis" in item 18. USE ONLY BLACK INK OR BLUE INK. TYPEWRITE IF POSSIBLE.

USE ONLY BLACK INK OR BLUE INK. TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Robert M. Murray*

Licensed Embalmer No.

P. O. Address *St. Louis*

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