Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 10009 Registrar's No. 2064

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Inside Limits Yes X No ☐	c. CITY OR TOWN Wellston 4301 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10 Old Faith Hosp. — Length of stay in 1b 2 27	d. STREET ADDRESS (If outside, give location) 6348 Wellsmar — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Tansil	Middle: D.	Last: Burnett	4. DATE OF DEATH	Month 3 Day 1 Year 57
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Mar. 9, 1886	9. AGE (In years last birthday): 70	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): Handle Finisher	10b. KIND OF BUSINESS OR INDUSTRY: Ax Factory	11. BIRTHPLACE (City and state or country): Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W #1	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Helen Burnett	Address: 6348 Wellsmar Wellston 20, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio Sclerosis — One year

DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓ 443x

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ✓

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-12-57, to 3-1-57 and last saw ~~her~~ him alive on 2-28-57

Death occurred at 6:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Pierce O'Reilly MD	22b. ADDRESS: 730 Hodiamont Ave.	22c. DATE SIGNED: 3-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 3-4-1957	23c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.		
24. FUNERAL DIRECTOR ADDRESS: Jos. W. Clark F.H. Inc. 1125 Hodiamont	25. DATE RECD. BY LOCAL REG.: MAR 1 '57	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed. Alfred F. Boedeke

Licensed Embalmer No. 26

P. O. Address 1125 H

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.