S. No. 300
v. 10.48

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33305

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8950

1. PLACE OF DEATH
a. COUNTY 2745 HICKORY ST LOUIS MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
c. LENGTH OF STAY (in this place) 12
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 2745 Hickory

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) 22 2745 Hickory St.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIE
b. (Middle) BURNETTE
c. (Last)

4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 57

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARIED
8. DATE OF BIRTH 5-30-1928
9. AGE (In years last birthday) 29 — If under 1 year: Months X, Days X; If under 24 hrs.: Hours X, Min. X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) ENGLANG ARK
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME JOHN BURNETTE
13b. MOTHER'S MAIDEN NAME MARRIA BURNETTE
14. NAME OF HUSBAND OR WIFE BEATRISE BURNETTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 431-40-1530
17. INFORMANT'S SIGNATURE OR NAME BROTHER. G.W. BURNETTE — **ADDRESS** 2745 HICKORY

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) Cardiac Arrest secondary to transsection of Cervical Spinal Cord. following injuries suffered when truck overturned before Cuso Jarbar which decided Cuso riding ... overpass on Lemp Rd. St Louis County, about 930am., Aug 31 1957 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b)
(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 ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis County Mo.
21d. TIME OF INJURY (Month) Aug (Day) 31 (Year) 57 (Hour) 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E8190.31

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M Lemon Deputy Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 9/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-27-1957
24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CET
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO

DATE REC'D BY LOCAL REG. SEP 25 57
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.D.
25. FUNERAL DIRECTOR'S SIGNATURE Scanlon and Son Funeral Home **ADDRESS** 3615 Easton

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4525

P. O. Address 4251 Wash

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