THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002793
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 764

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital — Length of stay in 1b 2-hrs.	d. STREET ADDRESS (If outside, give location) 5927 Waterman Ave. — Reside on Fa Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Brian	Middle: Paul	Last: Burnes Sr.	4. DATE OF DEATH Month Day Year: Jan.20,1959
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH: Aug.25,1887	9. AGE (In years last birthday): 71 — 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): Commercial Artist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St.Louis,Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: John Burnes		14. MOTHER'S MAIDEN NAME: Elizabeth Barrett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mr.Robert L.Burnes,6233 Rhodes Ave.		

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) Subdural Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of Skull.

DUE TO (c) E98

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Affected to the cause of party or parties unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was found lying in alley in rear of 5927 Waterman Avenue, around 805 pm., January 20 1959.

20c. TIME OF INJURY Hour p. m. Month, Day, Year: 806 1 2059

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.): Alley

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE:

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 1000 p.m. on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title): Joseph M Lurin Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 1/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan.24,1959	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis,Missouri
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 6840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: JAN 23 '59	26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.