URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041635

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210536

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY: JEFF.
c. CITY OR TOWN: FESTUS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 911 S. SECOND ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle THOMAS Last BURNS
4. DATE OF DEATH: Month NOV. Day 13, Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-27-56
9. AGE (last birthday): 3
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN H. BURNS
13b. MOTHER'S MAIDEN NAME: MARION LOVE
14. NAME OF HUSBAND OR WIFE: NONE
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.: none
17. INFORMANT: MRS. J.H. BURNS Address: FESTUS, MO.

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) Fractured skull
DUE TO (b) Subdural Hemorrhage
DUE TO (c) Lobar Pneumonia, Bilateral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): Suffered in auto accident on Hwy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. PLACE OF INJURY (Enter nature of injury if Part II above) Verdict Festus Mo., on December 12, 1959
20c. TIME OF INJURY: Hour ___ a.m. p.m. Month, Day, Year 11 12 59
Cause and Manner of same could not be determined
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.): 45 Hwy
20f. CITY, TOWN, OR LOCATION: near Festus Mo. COUNTY ___ STATE ___
21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 5.15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11.16.59.
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-15-59
23c. NAME OF CEMETERY OR CREMATORY: ROSELAWN MEMORIAL
23d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR: GENTRY R. POLITTE
ADDRESS: CRYSTAL CITY, MO.
(Licensed Embalmer's Statement on Reverse Side)
25. DATE REC'D BY LOCAL REG.: NOV 16 1959
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. E.P.

US DEC 7 1959

US DEC 14 1959

DEC 13 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gentry R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal C

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