# IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7957 60-031971 STATE FILE NUMBER

NDED

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: Jewish Hospital
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 6516 Pennsylvania
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Lela Middle: Last: Burnett
4. DATE OF DEATH: Month: Aug Day: 9 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/20/99
9. AGE (last birthday): 61
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Eminnence Mo
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: ? Wilson
13b. MOTHER'S MAIDEN NAME: Melecia Medely
14. NAME OF HUSBAND OR WIFE: Virgil
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: Virgil Burnett 6516 Pennsylvania

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): Cerebral Cardiovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c): Diabetes Mellitus. 260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 1957 to Aug 9 1960 and last saw (her) (him) alive on Aug 9 1960
Death occurred at 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard Freedman MD
22b. ADDRESS: 607 No Grand
22c. DATE SIGNED: 8/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/12/60
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Moydell Funeral Home 1926 Allen
25. DATE RECD. BY LOCAL REG.: AUG 12 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Shelley F. Faeller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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