

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

329299  
89511

FILED OCT 15 1953		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 89511					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hosp.				e. STREET ADDRESS (If rural, give location) 24 624 Lynch St. 2249							
3. NAME OF DECEASED (Type or Print)		a. (First) John b. (Middle) Walter c. (Last) Burnia		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1953.							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH March 1, 1890.					
9. AGE (In years last birthday) 63.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mine LaMotte, Mo.					
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Walter Burnia		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME John A. Burnia, Leadwood, Mo.		ADDRESS					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Fracture of skull, 2. Lobar pneumonia Antecedent causes: suffered when deceased was DUE TO (b) Ricked down stairs from rear porch to ground below by one DUE TO (c) James Bowling at home at II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 624 Lynch Street about 6:05 P.M. September 5, 1953 Interval between onset and death was				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Manslaughter		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo (STATE)		21d. HOW DID INJURY OCCUR? See above E983X					
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/5/53 6:05 P.M.		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 3:29 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1340 Clark Ave		23c. DATE SIGNED 9/18/53							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-13-53		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Leadwood, Mo.					
DATE REC'D BY LOCAL REG. SEP 15 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.							

(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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4108

P. O. Address .....

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