WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41720

PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3443, Eada Am. St. ..... Ward)

File No. .....

Registered No. 10756

2. FULL NAME Ella N. Burgess.

(a) Residence, No. 3443 Eada Am. St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter C. Burgess.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	+	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Ills.

FATHER

13. NAME Ephraim Young 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Catherine Eich.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

17. INFORMANT (ADDRESS) Mrs. Edith M. Carr. 3443 Eada Am.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park C. DATE Dec 16, 1933

19. UNDERTAKER (ADDRESS) Fertz Bros. 3029 Lafayette Av

20. FILED DEC 15 1933, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933, to Dec 14, 1933

I last saw her alive on Dec. 14, 1933 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	10/1/33
9 2 8	
77	

Other contributory causes of importance:

General Arterio-Sclerosis	10/1/10

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? 60

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 60

If so, specify .....

(Signed) Theodore P. Brookes, M. D.

(Address) 1650 S. Grand Blvd.

Theo Brooks.