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.

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

SEP 15 1936

Do not use this space.

33036

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. Peoples Hospital St. ..... Ward)

File No. .....

Registered No. 8935

2. FULL NAME Wilmot Burgess

(a) Residence, No. 3817 Cook Avenue St., 11 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk - 1886

7. AGE: Abt. 50 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) St. Louis, Mo.

FATHER

13. NAME Albert Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit, Mich.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Myrtle Burgess 3817 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Aug. 28, 1936

19. UNDERTAKER (ADDRESS) W. C. Gordon 2649-51 Delmar Blvd

20. FILED AUG 27 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-30-, 1936, to 8-25-, 1936

I last saw him alive on 8-25-, 1936 Death is said to have occurred on the date stated above, at 7 A m.

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

	Date of onset
Coronary Heart Disease - following operation for Hernia	Unknown

Other contributory causes of importance:

Furunculosis	1 mont
Inguinal Hernia L.	1 yr.

Name of operation Hernioplasty Date of 8-2-36

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) C. M. Jones, M. D.

(Address) 3447 Pine Blvd.

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