

NOV 15 1937

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

36468

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. Registered No. **10045**
 (c) City **St. Louis** (d) Street No. **Missouri Baptist Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Josephine Burgess**

(a) Residence, No. **3333 California Ave.** St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Wm. J. Burgess**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 8 1872**

7. AGE YEARS **65** MONTHS **8** DAYS **19** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **Monroe Co.** (STATE OR COUNTRY) **Ill.**

13. NAME **Joseph Lacey**
 14. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

15. MAIDEN NAME **Not Known**
 16. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

17. INFORMANT **Wm. Burgess** (ADDRESS) **3333 California Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Oct. 30** 19 **37**

19. FUNERAL DIRECTOR **Wm. Schumacher** (ADDRESS) **3013 Meramec St.**

20. FILER **62 100 J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 27 1937**

22. I HEREBY CERTIFY That I attended deceased from **Jan 27 1937** to **Oct 27 1937**
 Last saw him alive on **Oct 27 1937** Death is said to have occurred on the date stated above, at **3 P.M.**

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

Cerebral Thrombosis
Other contributory causes of importance:
Arteriosclerosis
Fractured Femur - left
renal
 Name of operation Date of
 What test confirmed diagnosis? **Exam** Was there an autopsy? **no.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Crude** Date of injury **10-27 1937**
 Where did injury occur? **5333 California** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **in home**

Manner of injury **fall off bed**
 Nature of injury **fractured femur - left**

24. Was disease or injury in any way related to occupation of deceased? **no.**
 If so, specify **Joseph E. Lacey** M. D.
 (Signed) **Joseph E. Lacey**
 (Address) **5257 riseo Bldg**

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.

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STATEMENT BY LICENSED EMBALMER

I, Fred. Wettig....., Licensed Embalmer No. 1534.....

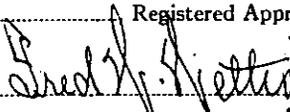
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.....

L. E......

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1534.....

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.)