

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

**30863**  
 Do not use this space.

**OCT 12 1938**

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis, Mo. (d) Street No. City Infirmary St.  
 (e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791  
 Primary Registration District No. 1003

Registered No. 8300

**2. PRINT FULL NAME**

Albert Burgess  
 (a) Residence, No. 5800 Arsenal St. 13  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewer  
 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) (STATE OR COUNTRY) La Crosse, Wisc.

FATHER 13. NAME Albert Burgess

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

MOTHER 15. MAIDEN NAME Mary Kola

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

17. INFORMANT (ADDRESS) J.G. Sullivan  
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crem. DATE 9-22-38

19. FUNERAL DIRECTOR (ADDRESS) J. Ryan  
City Infirmary

20. FILED SEP 22 1938 J. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to Sept. 18, 1938  
 I last saw him alive on Sept. 18, 1938 Death is said to have occurred on the date stated above, at 2:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Syphilitic aortitis  
Syphilitic heart disease  
(Aortic insufficiency)  
Cardiac hypertrophy  
 Date of onset

Other contributory causes of importance:  
Cardiac hypertrophy

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes  
 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? no  
 If so, specify.....  
 (Signed) C. D. Luck M. D.  
 (Address) 5600 Arsenal St.

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, ....., Licensed Embalmer No.....

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

..... L. E. ....

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

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**