REC'D FEB 10 1939

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

524
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 524

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Louis Burgesson
(a) Residence, No. 5504 Devonshire St. 14
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-16-1869

7. AGE: Years 69 | Months 10 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Wisconsin

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

17. INFORMANT (ADDRESS): A.A. Cook, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST. MARCUS DATE JAN. 18 1939

19. FUNERAL DIRECTOR (NAME) E. J. Schmur
(ADDRESS) 3125 Lafayette Av.

20. FILED JAN 17 1939 J. B. Buchek Health Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-9-39, 19, to 1-16-39, 19
I last saw him alive on 1-16-39, 19. Death is said to have occurred on the date stated above, at 3:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type VII Pneumococcus 1-11-39	

Other contributory causes of importance:
Sepsis 1-9-39x
Cellulitis of left leg 1-9-39x
Caused by varicose ulcers

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

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) Arnold A. Cook, M. D.
(Address) 5400 Arsenal St

Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4814

P. O. Address 3125 Lafayette ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.