

FILED FEB 24 1942 91

Primary Registration District No. **1000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **BARNES HOSPITAL, D**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **BURGEE, AMELIA-MARY**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Jan. 26 1865**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 5 hr. min.

9. Birthplace **Perry Co. Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Julius Berniz**
 13. Birthplace **France**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd Burgee**
 (b) Address **Festus, Mo.**

17. (a) **Removal** (b) Date thereof **1/3/42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Festus, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington Ave.**

19. (a) **JAN 2 1942** (b) **J. F. Bedeck**
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
 (c) City or town **Festus**
 (If outside city or town limits, write "RURAL.")
 (d) Street No. **1**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **1**
 year **42** hour **9** minute **05** A.M.
 21. I hereby certify that I attended the deceased from **12**
30 1941 to **1-1-42** 1942
 that I last saw her alive on **1-1-42** and that death occurred on the date and hour stated above.

Immediate cause of death.....
Congestive heart failure
 Duration **1 month**
 Due to **arteriosclerotic heart disease with myocardial infarction**
Multiple pulmonary emboli
arteriolar and arteriovenous sclerosis
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of necropsy.....
Reliably cirrhosis
arteriosclerosis

PHYSICIAN

Of autopsy **see above**
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature **J. F. Bradley** (M. D. or other)
 Address **BARNES HOSPITAL** Date signed.....

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 *Walter D. Burnley*
Licensed Embalmer No. *4202*

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.