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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DEC 1 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9817

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:
5044 Loyus Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town, Crocker
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Edward Burgess

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Agnes Burgess 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 12 hr. min.

9. Birthplace Crocker, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

12. Name John. H. Burgess

13. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Burgess

(b) Address 5044 Lotus Ave.

17. (a) Burial (b) Date thereof 11-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 24 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 14
1942 to Nov. 23 1942
that I last saw him alive on Nov 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Arteriosclerotic Bright's disease. 1 yr.

Due to.....
1/1

Other conditions Coronary Disease 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
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?
While at work..... (Specify type of place)
(e) Means of injury.....

23. Signature Olus. J. ... (M. D. or other) M.D.
Address 3500 N. Grand Date signed 11-24-42

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..... *Albert W. Happe*
Licensed Embalmer No. *1861*

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.