V. S. No. 2
OM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 93

FILED FEB 4 1943

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 894

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: 7538 6524 / WINONA.
(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 ST LOUIS 96

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

(d) Street No. 7538 THELMA AVENUE N.R.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA BURGESS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES BURGESS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY (Month) 2 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	25	hr. min.

9. Birthplace ST. CHARLES Co (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIPE

11. Industry or business

FATHER
12. Name ISAAC N. CLAYBURG
13. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name MARGARET JELLISEN
15. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant NEAL A. BURGESS
(b) Address 7538 THELMA AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT LEBANON CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 HAMILTON AVE.

19. (a) JAN 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 27, 1943
year 9 hour 57 minute P. M.

21. I hereby certify that I attended the deceased from 1/20, 1943, to 1/27, 1943
that I last saw her alive on 1/27, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute	3 weeks
Due to: Cancer of abdomen and Liver	16 months
Due to: Primary site	
Other conditions (Include pregnancy within 3 months of death): was stomach	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Albert G. Bruno (M. D. or other)
Address 1841 S 12th Date signed 1/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G 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.