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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. **26519**  
Registrar's No. **7267**

ED AUG 18 1943

318

Registration District No. **1003**

Registrar's No. **7267**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days (Specify whether  
In this community..... (Yes or No)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3509 Humphrey St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Gertrude Martha Burgolty

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

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

6. (b) Name of husband or wife William Burgolty 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 2 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 0 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Charles Lakeman

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Katherine Walsh (State or foreign country)

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

16. (a) Informant W. Burgolty

(b) Address 3509 Humphrey St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) AUG 12 1943 (Date received local registrar) (b) J. F. Wade (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10, year 1943 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from August 5, 1943 to August 10, 1943

that I last saw her alive on August 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (malignant)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Brain Tumor  
Of operations.....

Of autopsy operative wound Post op. Atelectasis

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 J. F. Wade (M. D. or other) 8/11/43  
Address 1515 Lafayette Ave. Date

Duration 5 1/2 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *Frank J. Owens*.....

Licensed Embalmer No..... *21245*.....

P. O. Address..... *St Louis Mo*.....

**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.**