S. No. 2
M—2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35651

FILED OCT 10 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2273

96

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Oct. 3, 1943 (Specify whether In this community Oct. 3, 1943 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BURGEE, Alvin J.

3. (b) If veteran, name war W.W. #2

3. (c) Social Security No 496-1487-61

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife - - -

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

7. Birth date of deceased May (Month) 31 (Day) 1916 (Year)

8. AGE: Years 27 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Construction Worker.

11. Industry or business - - - -

FATHER
12. Name Thomas Burgee,
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Nash,
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling Clinical Clerk

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Imperial, Mo

18. (a) Signature of funeral director C. Hoffmeister U+L Co

(b) Address 7814 S. Broadway

19. (a) OCT 9 - 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th year 1943 hour 8:55 AM. minute M.

21. I hereby certify that I attended the deceased from Oct. 3rd. 1943 to October 7th, 1943 that I last saw him alive on October 7th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Absence acquired, rt. testicle, post-operative for embryonal adeno-carcinoma with metastases to ~~Due to~~ abdomen and lungs.

Due to - -

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Orchidectomy, right, 6-8-42 - Tripler General Hospital, Hawaii

Of autopsy Autopsy performed.

Duration: About 18 mon

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) No

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer, Date signed 10-7-43

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1952

AUG 18 1944

AUG 26 1948

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 781A So. Broadway

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.