

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21808

State File No. ....

FILED JUL 9 1952

REG. DIST. NO. **318** PRIMARY REG., DIST. NO. **1003**

Registrar's No. .... **5863**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>13 DAYS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ANTHONY'S HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOUSE SPRINGS</b> <b>1500</b>	
		d. STREET ADDRESS (If rural, give location) <b>HIGHWAY 30</b>	
3. NAME OF DECEASED (Type or Print) <b>ROY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 21 1952</b>	
a. (First)		b. (Middle)	
c. (Last) <b>BURGESS</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 19 1889</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MAIL CLERK</b>	11. BIRTHPLACE (State or foreign country) <b>HOUSE SPRINGS MO.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>MAIL CLERK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>EDWARD BURGESS</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE CROMWELL</b>	
14. NAME OF HUSBAND OR WIFE <b>FLORENCE BURGESS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ROY BURGESS</b>		ADDRESS <b>HOUSE SPRINGS MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalitis, viral</b> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>082X</b>			
22. I hereby certify that I attended the deceased from <u>April</u> , 1952, to <u>June 21</u> , 1952, that I last saw the deceased alive on <u>June 15</u> , 1952, and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert W. Tidmore M.D.</b>		23b. ADDRESS <b>P.O. Box 6 Springm 23 Mo</b>	
23c. DATE SIGNED <b>6-23-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 25 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LOCAL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CEDAR HILL MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 24 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith</b>		ADDRESS <b>HEILIGTAG FUNERAL HOME ANTONIA MO</b>	

WRITE PLAINLY—USING UNFADEING 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

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Elmer A. Hultquist*

Licensed Embalmer No. *3571*

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.