

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39346**

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **180-179** PRIMARY REG. DIST. NO. **5672** Registrar's No. **30**

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Winfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Creve Coeur</b> <b>4400</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burr Oak Twp</b>		d. STREET ADDRESS (If rural, give location) <b>Burr Oak Township</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>	b. (Middle) <b>Ray</b>	c. (Last) <b>Burgess</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 30 52</b>
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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>March 25, 1925</b>	9. AGE (In years last birthday) <b>27</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>American Fixture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Willie Burgess</b>	13b. MOTHER'S MAIDEN NAME <b>Freda Ison</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Lou Burgess</b>
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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>487-22-9714</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Lou Burgess</b>	ADDRESS <b>Creve Coeur, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Inst</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Slight wound of left axillary region into chest</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>accidental discharge of shotgun while hunting</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>057 E 9191 19</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ON FARM</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Burr Oak Twp. Lincoln Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 30 1952 3:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>TOWARD SEITE ACCIDENTAL Dis. of gun. being Pulled</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph Marsh, Coroner</b>	23b. ADDRESS <b>Truy, Missouri</b>	23c. DATE SIGNED <b>11/30/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 5<sup>th</sup> 1952</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd</b>
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UPON THE BODY

DEC 8 1952

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 \_\_\_\_\_

*Paul J. Farmer*

Licensed Embalmer No. 4988

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.