

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37885

State File No.

FILED NOV 6 - 1953

BIRTH NO. 06512 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2523

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>13 hours</u>		d. STREET ADDRESS (If rural, give location) <u>2209 6021 N. 23rd. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHERYLL</u> b. (Middle) <u>ANN</u> c. (Last) <u>BURGESS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>9-28-53</u>	9. AGE (In years last birthday) <u>13</u> UNDER 1 YEAR Months <u>30</u> UNDER 12 HRS. Hours <u>13</u> Min. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Normandy, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harold Burgess</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Presley</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Presley Burgess</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Immaturity</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>0</u>
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22. I hereby certify that I attended the deceased from 9-28-53, 1953, to 9-28-53, 1953, that I last saw the deceased alive on 9-28-53, 1953, and that death occurred at 9:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Marjorie Richardson Do</u> (Degree or title)	23b. ADDRESS <u>Normandy Osteopathic Hospital</u>	23c. DATE SIGNED <u>9-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/2/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin's</u> ADDRESS <u>2301 Lafayette, St. Louis, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

H. G. Ferris

Licensed Embalmer No.

3384

P. O. Address

2301 Lafayette

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.