

FILED APR 26 1954
REG. #204 SL204

STANDARD CERTIFICATE OF DEATH

State File No. 13246
Registrar's No. 3084

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 8 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 6225 DOWLER	

3. NAME OF DECEASED (Type or Print)	a. (First) LEE	b. (Middle) M.	c. (Last) BURGESS	4. DATE OF DEATH (Month) (Day) (Year) 4-4-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-2-99	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN	10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERV. CO.	11. BIRTHPLACE (City and State or Foreign Country) WARREN CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH BURGESS	13b. MOTHER'S MAIDEN NAME HATTIE HOLLERN	14. NAME OF HUSBAND OR WIFE ALVA C. BURGESS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give year or dates of service) WWI	16. SOCIAL SECURITY NO. 493-10-8825	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPIRATION PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES ESOPHAGEAL VARICES AND G. I. HEMORRHAGE		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIFFUSE HEPATIC FIBROSIS AND DUE TO (c) PORTAL HYPERTENSION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-30-54	19b. MAJOR FINDINGS OF OPERATION PORTA-CAVAL ANASTOMOSIS - CIRRHOTIC LIVER, SCLEROSING PHLEBITIS OF INFERIOR VENA CAVA	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 581.0
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-27, 19 54, to 4-4, 19 54, and that death occurred at 1:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE Philip Reister (Degree or title) PHILIP D. REISTER M.D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 4-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-7-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
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DATE REC'D BY LOCAL REG. APR 6 1954	REGISTRAR'S SIGNATURE Calvin F. Feutz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4828 Nat'l. Bridge Blvd.
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APR 26 1954

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.....
Signature of Student Embalmer

Signed *John A. Mlinar*.....

Licensed Embalmer No. *4180*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.