

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32476

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2281

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (in this place) 7 mos.	c. CITY OR TOWN NORTH OF WARRENTON
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 N. Marguerite		e. STREET ADDRESS (If rural, give location) North of Warrenton - RURAL	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Margaret c. (Last) Charlotte Burgess			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Sudmeyer		13b. MOTHER'S MAIDEN NAME Minnie Walt		14. NAME OF HUSBAND OR WIFE Aleck H. Burgess	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aleck H. Burgess, Warrenton, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Left Breast		INTERVAL BETWEEN ONSET AND DEATH 9 mos	
		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 2-26-54		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma left Breast		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?	

22. I hereby certify that I attended the deceased from 5-2-54, 1954, to 9-26, 1954, that I last saw the deceased alive on 9-25, 1954, and that death occurred at 8:25am., from the causes and on the date stated above.

23a. SIGNATURE M D Johnson (Degree or title)		23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 9-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-29-54		24c. NAME OF CEMETERY OR CREMATORY Central Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Warren County, Mo.	

DATE REC'D BY LOCAL REG 9/30/54		REGISTRAR'S SIGNATURE Heber C. Lamberson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Nieburg & Co., Warrenton, Mo.	
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Lieberg*
Licensed Embalmer No. *389*
P. O. Address *Warrenton*

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.