

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8999

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Frisco Harp)..... St. Ward)

2. FULL NAME Eugene Burgess
 (a) Residence. No. 4924 Trade Place, 6 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | **4. COLOR OR RACE** W | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 1894

7. AGE YEARS MONTHS DAYS | **IT LESS than 1 day, hrs. or min.**
34 | 8- | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer). Window Screens
 (c) Name of employer. Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER N.E. Burgess

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Cashey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mr. Wilson E. Burgess
 (Address) Chaffee Mo

15. FILED 1929 Nov 1 Starkloff
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-22, 1929, to 2-28, 1929, that I last saw him alive on 2-28, 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 B
Operation for Cancer
of the Stomach
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Shock
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTORY? 46 B
 IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-28-29
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Operation
 (Signed) Earl R. Rice, M. D.

2-28, 1929 (Address) 4960 Trade Place

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chaffee Missouri **DATE OF BURIAL** 3-1 1929

20. UNDERTAKER Geo L. Pleitich 5966 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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