

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

Do not use this space.

30369
File No. _____
Registered No. **8006**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **731**
Township _____ Primary Registration District No. **10003**
City **St. Louis** (No. **3008A**, Market St - _____)

2. FULL NAME

Winnie (Burgett) Burgett
(a) Residence, No. **3008 S. Market** St., **22** Ward.

Length of residence in city or town where death occurred **17** yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE **Gold**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **Ebner Burgett**
(OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 8 - 1877**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 - **23**
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. **house wife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Clinton Kentucky 2**

13. NAME **not known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known 3/1**

15. MAIDEN NAME **not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

17. INFORMANT **Ebner Burgett**
(ADDRESS) **3008 - Market St -**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Cabary Ceme.** DATE **Sept 6 1932**

19. UNDERTAKER **J. C. Phewis**
(ADDRESS) **W. 12th & Market St.**

20. FILED **SEP 08 1932** **W. C. STEVENS**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-1**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **August 22**, 19**32**, to **September 1**, 19**32**
I last saw **her** alive on **Sept. 1**, 19**32** Death is said to have occurred on the date stated above, at **3 P. m.**

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
82 R
91
J. W.
Date of onset _____
Other contributory causes of importance:
Arteriosclerosis **(D)**

Name of operation _____ Date of _____
What test confirmed diagnosis? **Signs** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____ (Signed) **H. H. Leathers**, M. D.
(Address) **3125 Easton Ave - St. Louis, Mo -**

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.

WHILE IN PRINT, WITH GRADING INK—THIS IS A PERMANENT RECORD

