

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.

FEB 11 1936

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

Do not use this space.

3037

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 100B

City St. Louis (No. 1390 Sells Ave.)

File No.

Registered No. 236

St. Ward)

2. FULL NAME Nellie Holden Burgess(a) Residence, No. 1390 Sells Ave. - D. 8 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

60- 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ill.

FATHER 13. NAME David Crowley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. C. W. Marcille
1390 Sells Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 8 1936

19. UNDERTAKER (ADDRESS) Larry Grollen, Co.
516 1/2 Delmar Blvd.

20. FILED IN 7 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1936

22. I HEREBY CERTIFY, that I attended deceased from Nov. 25 1935 to Jan. 5th 1936

I last saw him/her er alive on Jan. 5th 1935 Death is saidto have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of Nov. 25 1935What test confirmed diagnosis? Was there an autopsy? 1935

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify St. J. Hoefler(Signed) St. J. Hoefler M. D.(Address) 8313 Halls Ferry Rd. City

