

0. 2
10-28
-35
K21492

REG. SEP 25 1940
791

Primary Registration District No. 1003

Registrar's No. 7031

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME James O. Burgess 622
3. (b) If veteran SS. 492-09-3869 name war No. _____
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 31 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Phelps Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER
11. Industry or business _____
12. Name Robert Burgess
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Hayes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Burgess
(b) Address 2215a Forrest Ave.

17. (a) Removal (b) Date thereof 8-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG. 19 1940 (b) _____
(Date of local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town Rolla NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1940 hour 112 minute 35 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Special Poisoning self
ingestibles at his home
due to his strange wife
12215a Forrest Ave. Aug
Due to 18, 1940 about 1235 pm

Duration

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Aug 18 1940
(c) Where did injury occur at home Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(c) Means of injury Phenol

23. Signature Phyllis Perry (M. D. or other) _____
Address _____ Date signed 8/19/40

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.