

2
3-40
7-39
X23150

Registration District No. **791**

Primary Registration District No. **1003**

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: **5761 DeGiverville Ave./**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **35-Years** years, months or days)

3. (a) PRINT FULL NAME **Margaret G. Burgess**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Joseph E. Burgess** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 5th., 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 0 hr. min.

9. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Charles Scully**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Glynn**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Josephine Burgess**

(b) Address **5761 DeGiverville Ave.**

17. (a) **Burial** (b) Date thereof **1-7-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Calvary**

18. (a) Signature of funeral director **Arthur Donnell**

(b) Address **3840 Lindell Blvd.**

19. (a) **JAN 6 1941** (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **517**
(If outside city or town limits, write "RURAL")
(d) Street No. **5761 DeGiverville Ave. 9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **5th.**,
year **1941** hour **12** minute **15 a.m.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h^e alive on **10/15/40**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Myocardial degeneration 10y**

Due to **art. sclerosis**

Due to _____

Other conditions **arteriosclerosis (Ch)**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **W. J. Hall** (M. D. or other) _____

Address **Humboldt Bldg** Date signed **1/6/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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 this body is not embalmed, fact should be so stated above.