DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5349

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1597

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6056 Clemens (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis 175 (If outside city or town limits, write "RURAL")

(d) Street No. 6056 Clemens (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank W. Burgess

3. (b) If veteran, name war No

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Burgess

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 27, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	20	hr. min.

9. Birthplace (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Sanders Burgess
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Cook
15. Birthplace (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Ida Burgess

(b) Address 6056 Clemens

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 20 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) FEB 19 1941 (Date received local registrar) (b) J. W. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1941 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Feb. 12, 1941, to Feb. 17, 1941 that I last saw him alive on Feb. 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration ?

Due to Arterio-Sclerosis ?

Due to

Other conditions (Include pregnancy within 3 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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. R. Davis (M. D. or other) M.D.

Address 1492 Hodiamont Date signed 2/18/41

1492 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

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

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