

Registration District No. **FILED FEB 10 1943**

Primary Registration District No. **1002**

Registrar's No. **483**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **St. Louis Hosp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether)

In this community **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **St. Louis city**
(If outside city or town limits, write "RURAL")

(d) Street No. **Oldham Hotel 5 - Walnut**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Geo W. Burgess**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widow, married, divorced **unknown**

6. (b) Name of husband or wife **unknown**

6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **Jan 26 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	5	hr. min.

9. Birthplace **Ill 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER

12. Name **Dr. Thomas Burgess**

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

14. Maiden name **Mary Mansfield**

15. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Liet**

(b) Address **Kirkwood MO**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **1/31/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Kirkwood MO**

18. (a) Signature of funeral director **Ernest Mayhew**

(b) Address **2315 Lemay**

19. (a) **Jan 31 1943** (Date received local registrar) (b) **M. W. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31** year **1943** hour **2** minute **43 A.M.**

21. I hereby certify that I attended the deceased from **Jan 30**, 1943 to **Jan 31**, 1943 that I last saw him alive on **Jan 31 - 43** and that death occurred on the **31** date and hour stated above.

Immediate cause of death **Cardiac Decomposition**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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 **Dr. R. H. ...** (M. D. or other)

Address..... Date signed.....

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 Ray E. Snow
Licensed Embalmer No. 25601
P. O. Address 1907 W

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.