S. No. 2
DM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39594

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11820

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: 4027 A BOTONICAL AV
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town ST. LOUIS Mo 911
(If outside city or town limits, write "RURAL")
(d) Street No. 4027 A BOTONICAL
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM BURGESS
3. (b) If veteran, name war No
3. (c) Social Security No. 494-10-3470
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIA BURGESS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 26 (Day) 1903 (Year)

8. AGE: Years 40 Months 6 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country) 0
10. Usual occupation ENGINEER
11. Industry or business Ship STEEL BUILDER

MOTHER FATHER
12. Name UNK BURGESS
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9
14. Maiden name JENNIE LARSON
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant Mrs Maria Burgess
(b) Address 4027 a Botonical
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 22-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av
19. (a) DEC 21 1943 (Date received local registrar) J. F. Bredow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 5 minute 15 p.m.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation Caused by blood clot in trachea and Bronchus following Tracheotomy — Duration
Due to at city Hospital following overdose of Codein and Nembutal
Due to taken at his home for abscess of throat on 12-19-43
Other conditions about 8:20 Pm
(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) Accident 000
(b) Date of occurrence 12-19-43
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (b) Means of injury
23. Signature Alfred Berry (M. D. or other)
Address Date signed 12/21/43

(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 Joe B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis Mo

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.