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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12011

FILED MAR 27 1944

Registration District No. 1847 Primary Registration District No. 6076 Registrar's No. 663

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 26, 1943 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DEACESED: 000

(a) State: Missouri (b) County: 12

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 3

(d) Street No.: 4301-a Arco Street, (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: Hugh Burgess

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: yes-not rem.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of wife: Mrs. Grace Burgess

6. (c) Age of wife if alive: 52 years

7. Birth date of deceased: May (Month) 17, (Day) 1890 (Year)

8. AGE: Years 53 Months 9 Days 28. If less than one day ____ hr. ____ min.

9. Birthplace: Johnston City, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Guard

11. Industry or business: Small Arms Plant

FATHER
12. Name: William J. Burgess
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Alzada Doris
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal by rail (Burial, cremation, or removal) (b) Date thereof: 3-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Johnston City, Illinois

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 South Broadway, St. Louis, Mo.

19. (a) MAR 17 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th, year 1944 hour 10:40 minute A.M.

21. I hereby certify that I attended the deceased from April 26, 1943 to March 15, 1944; that I last saw him alive on March 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cholecystitis, acute, gangrenous	Abt. 3 da.
Appendicitis, acute.	Abt. 3 da.
Due to:	
Other Conditions:	
Due to: Pneumonia, lobar, left, no typing.	Abt. ½ da.
Peritonitis, acute, serofibrinous, localized, due to	
immediate cause above.	Abt. 3 da.

Other conditions (Include pregnancy within 3 months of death): Exploratory Celiotomy - Cholecystectomy & Appendectomy, 3/13/44

Major findings: Of operations

Of autopsy: No 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): no

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify kind of place) (Specify kind of injury)

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)

Address: CHIEF MEDICAL OFFICER Date signed 3/15/44

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

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.