

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **14983**

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **4827**

20  
 17  
 9

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 5118 Waterman  
(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 Life

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5118 Waterman  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles G. Burgess  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May, day 10, year 1945 hour \_\_\_\_\_ minute 17 M.  
 21. I hereby certify that I attended the deceased from 4-26-45 to 5-28-45, 19\_\_\_\_; and that I last saw him alive on 5-28-45, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race W.  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Nanette  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased: Dec 19 1873  
(Month) (Day) (Year)

Immediate cause of death Diabetes  
 Duration 2 1/2

**8. AGE:**  
 Years 71 Months 5 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to 61

9. Birthplace St. Louis Mo D  
(City, town, or county) (State or foreign country)

Other conditions Chromomyo. bulbi  
(Include pregnancy within 3 months of death)

10. Usual occupation Drinking Contractor

Major findings: carditis

11. Industry or business Builder

Of operations \_\_\_\_\_  
 Of autopsy 0

12. Name William T. Burgess

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

14. Maiden name Judith F. Farrell

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

16. (a) Informant Mrs. Nanette Burgess  
 (b) Address 5118 Waterman

17. (a) Burial (b) Date thereof 5-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ballpoint

18. (a) Signature of funeral director Walter H. Spencer  
 (b) Address 5041 Delmar

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

19. (a) MAY 31 1945 (Date received local Registrar)  
J. F. Beedeck (Registrar's signature)

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 \_\_\_\_\_  
 Signature Walter H. Spencer (Date or other) \_\_\_\_\_  
 Address 1502 T. Co. St. Day sign 5-29-45

NOV 8 1950

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed Lawrence F. Rowland

Licensed Embalmer No. 3114

P. O. Address.....

**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.**