

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2521

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 997	
1. PLACE OF DEATH a. CITY OR TOWN St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 Mo. 7 Das		c. CITY (If outside corporate limits, write RURAL and give township) Alton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firman Desloge Hospital				d. STREET ADDRESS (If rural, give location) 1917 Liberty St.			
3. NAME OF DECEASED (Type or Print) a. (First) Dewey		b. (Middle) Edward		c. (Last) Burgoyne		4. DATE OF DEATH (Month) (Day) (Year) January 31 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 24, 1898	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 7		IF UNDER 1 YEAR Hours 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Work		10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (State or foreign country) Miles Station, Illinois		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Edward Burgoyne		13b. MOTHER'S MAIDEN NAME Anna Letha Stethem		14. NAME OF HUSBAND OR WIFE Lora Burgoyne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 327-07-2941		17. INFORMANT'S SIGNATURE OR NAME Lora Burgoyne			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left parotid gland ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1421				INTERVAL BETWEEN ONSET AND DEATH 7 mod.	
19a. DATE OF OPERATION Feb. 1949 - Jan. 1949		19b. MAJOR FINDINGS OF OPERATION Extensive tumor invasion of jaws and skull. Positive microscopic diagnosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-21-1949 , to Jan 31, 1949 , that I last saw the deceased alive on Jan 30, 1949 , and that death occurred at 2:2 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles H. Sherwin M.D.				23b. ADDRESS 3720 Washington St. St. Louis Mo		23c. DATE SIGNED 2-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Alton Illinois	
DATE REC'D BY LOCAL REGISTRAR FEB 1 1949		REGISTRAR'S SIGNATURE J. B. Laoster		5. FUNERAL DIRECTOR'S SIGNATURE Robert H. Shepper		ADDRESS Alton, Ill.	

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 ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Signed Robert H. Steeper

Signed _____
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address 3521 Edwards St,
Alton, Ill.

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.