No. 300
10.48

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13644
Registrar's No. 3536

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En route to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3955 Castleman

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Mitchell
c. (Last): BURGESS

4. DATE OF DEATH (Month) (Day) (Year): April 18-1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-17-1889 ~~About 1890~~
9. AGE (In years at last birthday): ~~60~~ 59
IF UNDER 1 YEAR: Months ? Days ?
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Handler
10b. KIND OF BUSINESS OR INDUSTRY: Motor Freight
11. BIRTHPLACE (State or foreign country): Vienna, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William T. Burgess
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Julietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Nellie Stoneman
ADDRESS: 3955 Castleman

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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) self administered in front
DUE TO (c) of about 2012 Lafayette Ave on April 18 1949 at about 6 15 pm

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Suicide
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo 179
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 18 49 6 15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E964X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6 24 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Coroner
23b. ADDRESS: 1300 Clark Ave
23c. DATE SIGNED: 4/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22-49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: APR 20 1949
REGISTRAR'S SIGNATURE: J. B. Parsons
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Peetz Funeral Home, Inc. 3029 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Signed Gustav W Deitrle

Signed _____
Student Embalmer

Licensed Embalmer No. 4329

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 13644

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3536

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Claude Mitchell Burgess, died ~~XXXXX~~ 4-18-1949, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 9 should read Age 60
Instead of Age 59
Item No. 8 should read Dec. 19-1889
Instead of About 1890
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nellie Stoneman Mf
Relationship.

3955 Castleman
Present Address.

Subscribed and sworn to before me this 9 day of May, 1949

My Commission expires 3-4-53

Earl Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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