

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32029

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2238

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) SO. TOWN Kirkwood 4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital		8. STREET ADDRESS (If rural, give location) 624 Norton Ave	

3. NAME OF DECEASED (Type or Print) a. (First) ALSIE b. (Middle) O c. (Last) BURGESS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 16-1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Catha Burgess	
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. —		17. INFORMANT'S SIGNATURE OR NAME Clifford Burgess	
				ADDRESS 624 Norton Ave Kwd	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Aleukemic Leukemia			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity 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.			2044
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 9-18-1950 to 9-19-1950, that I last saw the deceased alive on 9-19-1950, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Mills, Jr.		(Degree or title) M.D.		23b. ADDRESS 601 BRENTWOOD, CLAYTON, MO		23c. DATE SIGNED 9-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-21-50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo	

DATE REC'D BY LOCAL REG. 9-20-50		REGISTRAR'S SIGNATURE Herbert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger		ADDRESS Kirkwood 22 Mo	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John M. Meyer
Licensed Embalmer No. 3288

P. O. Address Lickwood, 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.