

No. 300  
10-48

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. **43180**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2957

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 4860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>825 Dugan Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>825 Dugan Ave. 0</u>	

3. NAME OF DECEASED (Type or Print) <u>Lealyah P. Burgett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 20, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia 1</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Robert Nickell</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Dickenson</u>	14. NAME OF HUSBAND OR WIFE <u>Emmett C. Wholf</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emmett C. Wholf - 825 DUGAN</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>

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., to 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
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22. I hereby certify that I attended the deceased from 12-4-50 to 12-9-50, that I last saw the deceased alive on 12-4-50, and that death occurred at 4:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Eades M.D. 0</u>	23b. ADDRESS <u>7602 S. Buddy</u>	23c. DATE SIGNED <u>12-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped 4</u>	24b. DATE <u>12/8/50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/8/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D. F B</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und, Co. - 7420 Michigan Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1000

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..... *V E Morris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3360*

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.