

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37063

State File No. 9864

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 34 yrs		d. STREET ADDRESS (If rural, give location) 4008 a Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4008 a Fairfax		2119	

3. NAME OF DECEASED (Type or Print) a. (First) Isabelle b. (Middle) Burgett c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1953		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 20, 1882		9. AGE (In years last birthday) 71		10. MONTHS 6 DAYS 22 HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Mississippi	
11. BIRTHPLACE ?		12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME ? Hopkins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry Burgett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Henry Burgett ADDRESS 4008 a Fairfax	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			

22. I hereby certify that I attended the deceased from **Oct. 7, 1952**, to **Oct. 12, 1953**, that I last saw the deceased alive on **Oct. 11, 1953**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Taylor M.D.		23b. ADDRESS 3136 Chouteau		23c. DATE SIGNED 10-	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/19/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home		ADDRESS 4107 Finney	
DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE [Signature]			

(Licenses: Embalmers' Statement on Reverse Side)

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.....

Thomas J. Gates

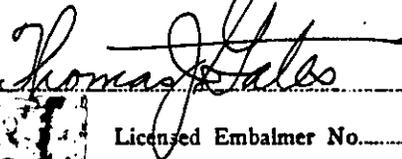
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Aven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.