

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2639

FILED JAN 26 1954

State File No. ....

318

1003

0195

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1302 Webster Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>27 1302 Webster Ave.</b>		<b>221/8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joe</b> b. (Middle) _____ c. (Last) <b>Burgins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 54</b>						
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.</del> <b>Married</b>		8. DATE OF BIRTH <b>12/25/ 1868</b>			
9. AGE (In years last birthday) <b>85</b>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Picking County, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? /			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>									
13a. FATHER'S NAME <b>Frank Burgins</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Nettie Burgins</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>? 16 4145</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nettie Burgins 1302 Webster</b>					
15. ADDRESS									
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocarditis and hypertension</b> 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 <b>2 hrs</b> <b>6 mos</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>3.34X</b>					
22. I hereby certify that I attended the deceased from <b>11/23, 1953</b> to <b>1/6, 1954</b> , that I last saw the deceased alive on <b>1/4, 1953</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>L.P. Wentzel M.D.</b>				23b. ADDRESS <b>2726 Chisholm</b>		23c. DATE SIGNED <b>1/6/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan. 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>JAN 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Koance</b>				
					ADDRESS <b>1221 N. Grand</b>				

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

(Licensed Embalmer's 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Guerton Swan*  
Licensed Embalmer No. *45*

P. O. Address *1221 N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.