

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026799
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7170

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location) | |
| St Louis | | Mo. St Louis St Louis Clayton | |
| Missouri Baptist 1 day | | 7811 Kingsbury | |
| 3. NAME OF DECEASED (Type or print) First Middle Last James Zeno Burgee | | | 4. DATE OF DEATH Month Day Year July 18 1958 |
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 16 1869 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | 11. BIRTHPLACE (City and state or country) Perryville Mo. | 9. AGE (In years last birthday) 89 |
| 13. FATHER'S NAME James Burgee | | 14. MOTHER'S MAIDEN NAME Emily Brown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Spanish American | | 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Norma Lynch 304 N. Central, Clayton James Burgee 6500 Martha, Overland Park, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis hypertension DUE TO (b) Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none | | | INTERVAL BETWEEN ONSET AND DEATH None |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 443x | |
| 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | 21. I attended the deceased from 6-15-57 to 7-18-58 and last saw her alive on 7-18-58 Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) T.H. Hale T. H. Hale M.D. | | 22b. ADDRESS 4903 Delmar | |
| 22c. DATE SIGNED 7-21-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | |
| 23b. DATE 7-21-1958 | | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | |
| 23d. LOCATION (City, town, or county) St Louis Co. | | 24. FUNERAL DIRECTOR Louis H. Bopp Inc. Kirkwood, Mo. | |
| 25. DATE REC'D. BY LOCAL REG. JUL 21 1958 | | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

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 *V. A. Embalsmed*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Roland Bopp*.....
Licensed Embalmer No.....
P. O. Address *Frederick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.