

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020752

FILED VS MAY 25 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5224**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in lb <i>56 years</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5920 Etzel Avenue</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Elizabeth Jane</i> Middle <i>Burgess</i> Last				4. DATE OF DEATH Month <i>May</i> Day <i>17</i> Year <i>1960</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10/12/84</i>	9. AGE (last birthday) <i>75</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (City and state or country) <i>St. Joseph, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Thomas Mc Kee</i>			13b. MOTHER'S MAIDEN NAME <i>Elizabeth Archibald</i>			14. NAME OF HUSBAND OR WIFE <i>Arthur B. Burgess</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Miss Phroso Burgess 5920 Etzel Avenue</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Pericardial Vascular Disease</i> DUE TO (b) <i>Lower arteriosclerosis</i> DUE TO (c) <i>Atherosclerosis 442x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Paralytic Ileus</i>							INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>2-13-59</i> to <i>5-17-60</i> and last saw her ^{her} _{him} alive on <i>5-17-60</i> Death occurred at <i>11:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>4110 W. Florentine Ave</i>			22c. DATE SIGNED <i>5-18-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 19, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home, 1167 Hamilton Ave</i>				25. DATE RECD. BY LOCAL REG. <i>MAY 18 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

208 B.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Laurence O. Gerber

Licensed Embalmer No. 4979

P. O. Address St. Louis,

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