RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8700

-60-031965
STATE FILE NUMBER

DED

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, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in Ib --

c. CITY OR TOWN St. Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5905 Pershing | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRED Middle H. Last BURGESS

4. DATE OF DEATH Month September Day 4 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Dec 20, 1880

9. AGE (last birthday) 79

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY Engineering

11. BIRTHPLACE (City and state or country) Monticello, Ill.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gilbert Allen Burgess

13b. MOTHER'S MAIDEN NAME Jane Conaway

14. NAME OF HUSBAND OR WIFE Laura Acton Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 487-38-3339

17. INFORMANT Mrs. Laura A. Burgess, 5905 Pershing Address St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteria sclerotic heart	10 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral thromobosis	2 mos.
DUE TO (c)	420.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
chr, arteriosclerosis, hypertrophied prostate

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 9, 1960 to Sept 4, 1960 and last saw ~~him~~ him alive on Sept. 4, 1960.
Death occurred at 4.30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwin P. Meiner M.D.

22b. ADDRESS 6657 Enright Ave.

22c. DATE SIGNED 9/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Sept 7, 1960

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR C.R. LUPTON & SONS, 7233 Delmar ADDRESS

25. DATE RECD. BY LOCAL REG. SEP 6 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____ Signed Arnold W. Scho

Signature of Student Embalmer

Licensed Embalmer No. 386

P. O. Address St Lou

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