MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15089

1. PLACE OF DEATH

County ..... Registration District No. 791 / 003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4011

City St. Louis (No. 2614 California Ave St. ..... Ward)

2. FULL NAME Katherine B. Burgert

(a) Residence. No. 2614 California Ave St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anton Burgert

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 5, 1868

7. AGE: Years 60 | Months | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Michael Ostertag
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Grace Meyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: Mrs. Anita C. Macher
(Address) 2614 California Ave

15. FILED APR 12 1928, 19..... Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1928, to April 11, 1928 that I last saw h. Dr. alive on April 10, 1928, and that death occurred, on the date stated above, at 4:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
80 A
97 / 4 a 1
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) T. R. Kongelman, M.D.
4/11, 1928 (Address) 3507 Potomac St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Edwardsville, Ill
DATE OF BURIAL: Apr. 14 1928

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 West Florissant Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.