

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

Do not use this space.

APR 25 1934

PLACE OF DEATH

County .....  
Township .....  
City *St. Louis* (No. *City*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **11112**  
Registered No. **2972**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *4514* *Washington* St. Ward.

(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 *M* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 23 - 1848*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*85 7 1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *11*

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Henry Burggrabe*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Marie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Wap Log M. Keith City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friedensp* DATE *Mar 26 1934*

19. UNDERTAKER (ADDRESS) *Math. Hermann and Son City St. Louis*

20. FILED *1934 20 10 19* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/24 1934*

22. I HEREBY CERTIFY, That I attended deceased from *2/1 1934* to *3/24 1934*

Last saw him alive on *3/24 1934* Death is said

to have occurred on the date stated above, at *4:00* p.m.

The principal cause of death and related causes of importance were as follows:

*acute urinary Retention* Date of onset *2/1/34*

*Benign Prostatic Hypertrophy* *?*

*Broncho Pneumonia* *3/23/34*

Other contributory causes of importance: *1070*

*1356*

23. Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify *J. M. Maerisch* M. D.

(Signed) *J. M. Maerisch* (Address) *City St. Louis #1*

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.

