

23775

State File No. _____

6048

Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

AUG 11 1939

791
1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
1803 S. 9th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 60 Years
years, months or days)

3. (a) PRINT FULL NAME Mary Burger Seib 1008. (b) If veteran, name war No 8. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased November 27, 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 7 11 _____ hr. _____ min.9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Home 9

11. Industry or business _____

12. Name John Wink 913. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Julia Burger(b) Address 1431t George17. (a) Burial (b) Date thereof 7/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial - Welder18. (a) Signature of funeral director Welder(b) Address 2331 S. Broadway19. (a) JUL 10 1939
(Date received local registrar) J. P. Broadrick

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 1803 S. 9th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1939 hour 2 minute 30 p.m.21. I hereby certify that I attended the deceased from July 1, 1939 to July 7, 1939
that I last saw him alive on July 6, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Angina Pectoris Duration 1 weekDue to Chronic MyocarditisDue to Arterio-sclerosisOther conditions _____
(Include pregnancy within 3 months of death)Major findings: OK PHYSICIAN
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury 123. Signature Wm. K. Zimmer (M. D. or other) 9
Address 3014 S. Jefferson Date signed July 9, 1939

(Licensed Embalmer's Statement on Reverse Side)

WHILE FATHER USE CHANGING BLACK INK--MAKE A PERMANENT RECORD

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.

I 1939

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.....

Robert Wheeler

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.