

Registration District No. 791

Primary Registration District No. 1003

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:
3239 Missouri Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Barbara Burger
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Nicholas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 3 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address 3726 Gustine

17. (a) Burial (b) Date thereof 2/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) FEB 13 1940 (b) _____
(Date received at local health office) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3239 Missouri Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1940 hour 5 minute 30 p/m.

21. I hereby certify that I attended the deceased from Feb 3, 1940, to Feb 9, 1940
that I last saw her alive on Feb 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myo Carditis 5 yrs
Due to _____
Due to _____
Other conditions Myo Carditis, Labor 4 days
(Include pregnancy within 7 months of death)
Major findings Senility
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?

23. Signature J. E. Green (Specify type of place) (e) Means of injury _____
Address 2202 So Broadway Date signed 2/13/40
(M. D. or other)

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

1A556

1A556

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3528 Russell

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.