No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 404

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 404

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4926 No. Broadway 7 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 917 (If outside city or town limits, write "RURAL")

(d) Street No. 4926 N. Broadway 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna G. Burghoff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 1. 1872 (Month) (Day) (Year)

8. AGE: Years 69 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Theodore Burghoff,
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Frances Schlueter
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Lillie Burghoff

(b) Address 4926 N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd. 844

19. (a) JAN 15 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 4, 1940, to Jan 13, 1941; that I last saw her alive on Jan 11, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Pancreas	8-Months
Hypertension -	
Due to Chronic Interstitial Nephritis	8 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Enlarged Nodulated Pancreas involvement of mesenteric	

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis N Tenner (M. D. or other) M.D.

Address 1303 N King's Highway Date signed Jan 13-41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.