

Registration District No. 184

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Baldwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 10 mo
(Specify whether years, months or days)
In this community 1 yr 10 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Baldwin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA BURGART

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife Ben 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased. August 5 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 15 If less than one day
hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Weingartner
13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Kuhlmann
(b) Address 6204 Vermont St.

17. (a) Burial (b) Date thereof 9-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker, Clark & Co.
(b) Address 3634 Graybis Ave.

19. (a) SEP 22 1941 (b) C. H. McCarroll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20th
year 1941 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 5th 1941 to September 20th 1941; that I last saw her alive on September 20th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration _____

Due to _____
Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
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) _____
(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 _____

23. Signature R. W. Jansen (M. D. certificate) 0
Address Manchester, Mo Date signed 9/20/41

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..... *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, fact should be so stated above.