. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8342

Registrar's No. 2982

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: 2110 Menard Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23 100 17 9
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2110 Menard Str. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Buergler
3. (b) If veteran, name war No
3. (c) Social Security No. ----
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Buergler
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Oct. (Month) 10 (Day) 1910 (Year)

8. AGE: Years 31 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Edward Boatwright
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Blanton
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Frank Buergler
(b) Address 2110 Menard Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Wm. Mogdell
(b) Address 1926 Allen Ave.
19. (a) APR 3 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 3/19/42, 19..., to 4/1, 1942 that I last saw h. alive on 4/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac dyspnea — Duration: Sudden
Cardiac arrhythmia — ?
Due to: Chr. myocarditis — ?
Coronary sclerosis
Due to: Obesity. — ?
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature William H. Brecher (M. D. or other) MD
Address 1425 Sidney Date signed 4/2/42

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.