

FILED MAY 7 1942

1942 9 1

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

3662

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:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)  
 In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7540 Wydown Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Burg

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Katherine Burg 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased April 1 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>--</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Investment Banker

11. Industry or business \_\_\_\_\_

12. Name William Burg  
 13. Birthplace St. Louis Mo.  
(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 Mrs Katherine Burg  
 (b) Address 7540 Wydown Blvd  
 17. (a) Burial (b) Date thereof 4 24 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Wagoner Und Co  
 18. (a) Signature of funeral director 3621 Olive St  
 (b) Address \_\_\_\_\_

19. (a) ADD 01 1942 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 23  
 year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 10 1941 to Apr 23 1942  
 that I last saw him alive on Apr 23 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarct of left brain  
& Post. Op. Hemorrhage  
 Duration 3 min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Consistent with long (44)  
(Include pregnancy within 3 months of death)  
 Major findings: Total Phlebotomy  
Of operations  
4-10-42  
 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 120  
 23. Signature J. F. Biedeck (M. D. or other) \_\_\_\_\_  
 Address St Louis Mo Date signed 4-24-42

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

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**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 *Neville B. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address. 3621 Olive St.

**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.**