

FILED DEC 9 1944
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 Hours 0
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Oregon
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernest Rudolph Burger
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December 1 day
 year 1944 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rowena Burger 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased August
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec-1-1944 12:30 PM to Dec-1-1944 3:30 PM that I last saw him alive on Dec-1-1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>4</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
 Duration 5 hrs.
 Due to Hypertension
 Due to _____

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name Ulrich Burger
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Christina Kaltenbach
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy No
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rowena Burger
 (b) Address Oregon, Missouri
 17. (a) Burial (b) Date thereof Dec. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oregon, Missouri

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? _____

18. (a) Signature of funeral director James H. Pittish
 (b) Address Oregon, Mo
 19. (a) 12-2-44 (b) Walter J. Pucke
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature T. L. Howden (M. D. or other) 14 W
 Address 620 Finance St Date signed 12-6-44

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

FEB 23 1945

DEC 27 1944

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 James H Pittsford
Licensed Embalmer No. 3192
P. O. Address Oregon 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.