

FILED MAY 8 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 120

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1023 North Fountain Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 North Fountain St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Christian Burgfeld

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-18-5883

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Vasterling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 7th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 28 hr. _____ min.

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

10. Usual occupation Employed at Penzel Const.

11. Industry or business Co. Jackson, Mo.

12. Name Christian Burgfeld
13. Birthplace Cape Gir. Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Paulina Ristig
15. Birthplace Cape Gir. Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda Burgfeld
(b) Address Cape Girardeau, Missouri.

17. (a) Burial (b) Date thereof 4-07-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cent.

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 4-6-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1946 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Do not know.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations (A 20) Of autopsy _____

Duration
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 43

23. Signature Dr. J. F. Sigmond Address Jackson, Mo Date signed 4/6/46

RECEIVED

Health Officer No. 4
File Number 546-209
5-7-46

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.....

Howard P. Haman

- Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.