

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11814

FILED APR 7 1947

State File No. _____

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 730

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph
(c) City or town Coulterville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 12 minute 35 A. M.
21. I hereby certify that I attended the deceased from 2-78
1947 to 3-30 1947
that I last saw him alive on 3-30 1947
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Joseph B. Burgher
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 Widowed
6. (b) Name of husband or wife Unknown Burgher
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 8 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name John Burgher

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

14. Maiden name Margaret Bush

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

16. (a) Informant Blanche Burgher

(b) Address Coulterville, Illinois

17. (a) Removal (b) Date thereof 3/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coulterville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 4-1-47 (b) Leuel C. Sharp, M.D.
(Date received local registrar) (Registrar's signature)

Immediate cause of death Misadventure
Biliary Obstruction
Carcinoma of sigmoid
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration
3 wks
2 mos
1 year

Major findings: Unresectable
Carcinoma of sigmoid
Of autopsy none

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) (a) Means of injury _____
23. Signature C. E. Baldree (M. D. or other) _____
Address 3720 Washington Blvd. Date signed 3-31-47

(Licensed Embalmer's Statement on Reverse Side) St. Louis 8 Mo

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

MOTHER FATHER

APR 18 1947

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

John S. Pennek

Licensed Embalmer No. 4194

P. O. Address.....

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.