

S. No. 2
A-12-45
7. 5-17-39
I X47070

FILED OCT 10 1947

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 174

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Anna Buerger

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name William Buerger

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

14. Maiden name Minnie Overmeyer

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

16. (a) Informant Dan Bolan

(b) Address 103 Wilkerson-St. Charles, Mo.

17. (a) burial (b) Date thereof Oct 6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director H.L. Dallmeyer

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Oct 6-47 (b) Frankie Blumstein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 103 Wilkinson
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1947 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 6th 1947 to Oct 3rd 1947.
that I last saw him alive on Sept 5th 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broken compensation

Due to _____
Gen Arterio-sclerosis

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

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place)
Means of injury _____

Signature A. Perich (M. D. or surgeon)
Address St. Charles, Mo. Date signed 10/4/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-8-47

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
Herbert C. Dallmeyer, Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph I. Landolt
Licensed Embalmer No. 4189
P. O. Address St. Charles 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.