No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 35559

Registrar's No. 9600

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital 0
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3207 Copelin 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRIEDA BURG

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Philip

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. (Month) 13 (Day) 1902 (Year)

8. AGE: Years 44 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Muensterman
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Rosa Scheidegger
15. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

16. (a) Informant Philip M. Burg
(b) Address 3207 Copelin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from 10 Oct 47 to 15 Oct 47, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast c Metastasis to Brain — Duration 2 yrs.

Due to

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Robert Woolsey M.D. (M. D. or other)

Address 4500 Olive Date signed 16 Oct 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4500 Alice St.

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 Edwin D M Dermott

Licensed Embalmer No. 3024

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.