. S. No. 2
OM—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 43644

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2685

96
7
3

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. #4 Armin 1
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Chester E. Burg
3. (b) If veteran, name war WW #1
3. (c) Social Security No. 492-05-8971A

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dorothy Henley 48
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 7 (Month) 7 (Day) 1880 (Year)

8. AGE: Years 67 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Wm. Burg
13. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name Margaret Henderson
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) O
16. (a) Informant Dorothy H. Burg
(b) Address #4 Armin
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Wagner Mortuary
(b) Address 416 Lindell
19. (a) 12-26-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1947 hour 6 AM minute ..... M.

21. I hereby certify that I attended the deceased from Dec 23 1947 to Dec 25 1947
that I last saw him alive on Dec 25 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Gastro-intestinal Hemorrhage | 3 days |
| Due to Acute Bleeding Duodenal Ulcer | |
| Due to | |
| Other conditions Generalized (Include pregnancy within 3 months of death) Arteriosclerosis | |
| Major findings: Of operations None | |
| Of autopsy As above | |

117 b

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

23. Signature Nathan E. Weigel (M. D. or ~~other~~)
Address 601 Brentwood Blvd Date signed 12-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1948

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 Robert T. Sampsel

Licensed Embalmer No. 4690

P. O. Address St Louis, 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.