

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28641

318

1002

Registrar's No. 7745

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1002		Registrar's No. 7745		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4538 Adelaide Avenue,				d. STREET ADDRESS (If rural, give location) 4538 Adelaide Avenue				
3. NAME OF DECEASED (Type or Print) Annie			a. (First)		b. (Middle)		c. (Last) Verburg	
4. DATE OF DEATH Sept. 4th, 1949		(Month) (Day) (Year)						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 14th, 1869		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 10		Days 20		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Wisconsin		
12. CITIZENRY OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Welker		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Dennis C. Verburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hilda Meiners, 4538 Adelaide Avenue				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331A				
22. I hereby certify that I attended the deceased from Aug 16, 1949, to Sept 4, 1949, that I last saw the deceased alive on Sept 4, 1949, and that death occurred at 7:30 p. m., from the causes and on the date stated above.								
23a. SIGNATURE H.F. Bergman			(Degree or title) M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/49		24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 7 1949 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.						

(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington Blvd

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

John A. Mena

Signed.....
Student Embalmer

Licensed Embalmer No. *4186*

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.