

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32502

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 3004
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis 91		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pine Lawn / township)		c. LENGTH OF STAY (in this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2317 Kienlen Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		
d. STREET ADDRESS 2317 Kienlen Ave.		d. STREET ADDRESS (If rural, give location) 2317 Kienlen Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) EUGENIE		b. (Middle) J.		c. (Last) BURT
4. DATE OF DEATH Sep't. 14 1949		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Aug. 25, 1880		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. r)
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown Cartier		13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Late Asher Burt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Margaret Pueschel		ADDRESS 2317 Kienlen Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Malignant Hypertension II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-8-1949, to 9-14-1949, that I last saw the deceased alive on 9-14-1949, and that death occurred at 5:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE John P. Harris M.D. (Degree or title)		23b. ADDRESS 6826 Natural Bridge		23c. DATE SIGNED 9/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		
DATE REC'D BY LOCAL REG. 9-15-49		REGISTRAR'S SIGNATURE Ernest R. Monke, Jr.		

(Licensed Embalmer's Statement on Reverse Side)

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

PK-16

MAR 28 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Richard W. Stovesand

Licensed Embalmer No. 4007

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.