

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5926
Registrar's No. 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) 22-53 OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 1011 2010th av	

3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN	b. (Middle)	c. (Last) BURGLECHNER	4. DATE OF DEATH (Month) (Day) (Year) FEB. 25 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-19-1878	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	11. BIRTHPLACE (State or foreign country) 4 Germany	12. CITIZEN OF WHAT COUNTRY? ?
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Helen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME William Burglechner 4349 ^a	ADDRESS Swan
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia	INTERVAL BETWEEN ONSET AND DEATH
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition	INTERVAL BETWEEN ONSET AND DEATH
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 471X
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 435X
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22. I hereby certify that I attended the deceased from 2-19-51, 19__ to 2-25-51, 19__, that I last saw the deceased alive on 2-25-51, 19__, and that death occurred at 3110 Ph., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Wagner, M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-27-51	24c. NAME OF CEMETERY OR CREMATORY Mt Olive	24d. LOCATION (City, town, or county) (State) Mt Olive Rd St Louis County Mo
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DATE REC'D BY LOCAL REG. FEB 28 1951	REGISTRAR'S SIGNATURE J. B. Lester	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Sec 2 & Manchester	ADDRESS 9 710 1/2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1957

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 *Howard P. Rowland*

Licensed Embalmer No. *3114*

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.