

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31352**
Registrar's No. **8561**

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 MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HORSPTAL		d. STREET ADDRESS (If rural, give location) 19 4488a LACLEDE AVE;	
3. NAME OF DECEASED (Type or Print) a. (First) CORA		b. (Middle) CLONTS	
		c. (Last) BURGNER.	
		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 26, 1951	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1877
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (State or foreign country) Fort Worth, Texas. /
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Clonts.		13b. MOTHER'S MAIDEN NAME unknown	
		14. NAME OF HUSBAND OR WIFE David Harry Burgner.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ernest Suddarth; 4488a Laclede A	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, general 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 4 days undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x	
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? Hit	
22. I hereby certify that I attended the deceased from <u>19⁵⁰</u> , to <u>7/26</u> , 19 ⁵¹ , that I last saw the deceased alive on <u>7/26</u> , 19 ⁵¹ , and that death occurred at <u>12:55 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. Lee (Degree or title) M. A. D.		23b. ADDRESS 16 Hampton Village Plaza	
		23c. DATE SIGNED 9/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 28, 1951	
24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co Mo	
DATE REC'D BY LOCAL REG. SEP 27 1951		REGISTRAR'S SIGNATURE J. Carl Smith MO	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons. 7233 Delmar Blvd	

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

7561 8 1119

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.