No. 300
10.48

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4881

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 717

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 26 XX
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 68 0
d. STREET ADDRESS (If rural, give location): 4117 Baltimore

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle):
c. (Last): BURGGRAF

4. DATE OF DEATH (Month) (Day) (Year): 2 14 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Oct. 3, 1882
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Factory Eng.
10b. KIND OF BUSINESS OR INDUSTRY: Amer. Can Co.-retired
11. BIRTHPLACE (City and State or Foreign Country): Whitmore, Ohio /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Burggraf
13b. MOTHER'S MAIDEN NAME: Carolyne Kurcz
14. NAME OF HUSBAND OR WIFE: Mrs. Rhoda Burggraf

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.: 487-07-7021
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Rhoda Burggraf, 4117 Baltimore

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10, 1952, *to* 2-14, 1952, *that I last saw the deceased alive on* 2-14-, 1952, *and that death occurred at* 2:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Slentz (Degree or title): W. A. Slentz M.D. 0
23b. ADDRESS: 315 Nichols Rd. Kansas City 2, Mo.
23c. DATE SIGNED: 2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/16/52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): LaSalle, Illinois

DATE REC'D BY LOCAL REG.: 2-15-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FREEMAN MORTUARY & CHAPEL, K.C., MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. A. Slentz. Plaza Med.
Lo 1533
2 - 4 pm, on take & leave -

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, M

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.