

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9765

MAR 29 1952

318

1003

State File No.

2619

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

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. LENGTH OF STAY (In this place) 13 hrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp.		d. STREET ADDRESS (If rural, give location) 4926a N., Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) C.	
c. (Last) Burghoff		4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 5, 1883
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days 0	11. IF UNDER 24 HRS. Hours 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore Burghoff	
13b. MOTHER'S MAIDEN NAME Frances Schlueter		14. NAME OF HUSBAND OR WIFE none	
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. 494-28-0708	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Feder		ADDRESS 20th & Linton	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cerebral embolus cerebral</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertension</i> DUE TO (c) <i>arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	
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? 332x.			
22. I hereby certify that I attended the deceased from <i>Mar 12, 1952</i> , to <i>Mar 12, 1952</i> ; that I last saw the deceased alive on <i>Mar 17, 1952</i> , and that death occurred at <i>2:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. Ross M.D.</i> (Degree or title)		23b. ADDRESS <i>1818 E. Cat St.</i>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 20, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 20 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Buchholz-Koeller 5967W. Florissant	

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

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 Francis Williamson

Licensed Embalmer No. 3565

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.