

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>532 Madison Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>RAYMOND</u>		a. (First) <u>L</u>		b. (Middle) <u>BUERGES</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1952</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 31, 1897</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>			11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Frank B. Buerges</u>			13b. MOTHER'S MAIDEN NAME <u>Mary G. Hupe</u>			14. NAME OF HUSBAND OR WIFE <u>Olga W. Kottmann</u>		
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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) <u>Nil</u>		16. SOCIAL SECURITY NO. <u>487-38-1218</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olga Buerges - St. Charles, Mo.</u>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>4 day</u>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		DUE TO (b) <u>Coronary Occlusion</u>		?			
		ANTECEDENT CAUSES		DUE TO (c) <u>Coronary Thrombosis</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Obesity</u>					
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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 16, 1952 to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. ... M.D.</u>		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>6-11-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-12-52</u>		REGISTRAR'S SIGNATURE <u>James ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeier &amp; Sons Co.</u>		ADDRESS <u>St. Charles, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1473

FORM 27 (1913)

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**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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address. St. Charles, 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.