No. 300
10.46

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

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25623

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6579

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 20th & East Grand Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2099
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 1 0
d. STREET ADDRESS (If rural, give location) 4505 Athlone Avenue, 9

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond b. (Middle) J. c. (Last) Buergin,

4. DATE OF DEATH (Month) July (Day) 5, (Year) 1952.

5. SEX Male O

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Feb. 17, 1904

9. AGE (In years last birthday) 48 | 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) Maintence Man

10b. KIND OF BUSINESS OR INDUSTRY Pittsburgh Glass Co.

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. O

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Buergin

13b. MOTHER'S MAIDEN NAME Rose Mueller

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Miss. Ione Buergin, **ADDRESS** 4505 Athlone Avenue.

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) Chronic myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? 4222

22. *I hereby certify that I attended the deceased from* Jan 2, 1951, *to* July 5, 1952, *that I last saw the deceased alive on* June 27, 1952, *and that death occurred at* 8:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Westerman, M.D. (Degree or title)

23b. ADDRESS 2136 East Grand Ave

23c. DATE SIGNED 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-9-1952

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St. Louis, (State) Mo.

DATE REC'D BY LOCAL REG. JUL 7 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. **ADDRESS** 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Beesley
Licensed Embalmer No. 4200
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.