

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25764

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1698

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2029</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Affton</u>		c. LENGTH OF STAY (in this place) <u>8 Months</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Miller's Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>5613 Jamieson Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMELIA</u> b. (Middle) <u>A.</u> c. (Last) <u>BURJECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sep. 27, 1883</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas J. Burjeck</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Borgwald</u>
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Cecelia D. Schmidt</u>		ADDRESS <u>5613 Jamieson</u>	
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) <u>Myocarditis, chronic</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> ANTECEDENT CAUSES <u>Arteriosclerosis, chronic</u> DUE TO (b) <u>Arteriosclerosis, chronic</u> DUE TO (c) <u>Acute gastroenteritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute gastroenteritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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?	
22. I hereby certify that I attended the deceased from <u>July 13, 1954</u> to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>2:50 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M-R Wilucki MD</u>		23b. ADDRESS <u>896 S. Main</u>	23c. DATE SIGNED <u>7-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S/S Peter & Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/15/54 Becker</u>	REGISTRAR'S SIGNATURE <u>Robert R. Stomberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	

(Licensed Embalmer) (Statement on Reverse Side)

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

8916

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 Signature of Student Embalmer

Signed *[Signature]* Student Embalmer No.

Licensed Embalmer No. 453

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.