No. 300
10.48

FILED AUG 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28801

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6765

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 28 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 124 Hammel Ave.

4597

3. NAME OF DECEASED (Type or Print)
a. (First) ROSE
b. (Middle)
c. (Last) BURGARD,

4. DATE OF DEATH (Month) (Day) (Year) July 20 1954

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct 26 1866.
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 8 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and State or Foreign Country) Belleville, Ills.
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Peter Veth
13b. MOTHER'S MAIDEN NAME Elizabeth Reinholdt
14. NAME OF HUSBAND OR WIFE Gustav

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. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Jannopoula, ADDRESS 124 Hammel Webster Groves, Mo.

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) ① Broncho-Pneumonia ② Heat exhaustion?
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertensive Heart Disease with auricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH: few days. years.

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 ☐ 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? 443XF

Jack Taylor Coroner 7-23-54

22. *I hereby certify that I attended the deceased from* 7/19, 1954, *to* 7/20, 1954, *that I last saw the deceased alive on* 2 pm, 1954, *and that death occurred at* 9:10 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE H Victor Reese (Degree or title) MD
23b. ADDRESS 120 E Lockwood Webster Groves Mo
23c. DATE SIGNED 7/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7/22/54
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.

DATE REC'D BY LOCAL REG. JUL 22 1954
REGISTRAR'S SIGNATURE J Earl Smith MD MPB
25. FUNERAL DIRECTOR'S SIGNATURE Louis H Bopp Inc ADDRESS Kirkwood

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Branso

Licensed Embalmer No. 47

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.