

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32576**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2263**

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY St. Louis | b. CITY OR TOWN Webster Groves | a. STATE Missouri | b. COUNTY St. Louis |
| c. LENGTH OF STAY (in this place) 29 yrs | | c. CITY OR TOWN Webster Groves | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 141 S. Laclede Station Rd. | | e. STREET ADDRESS (If rural, give location) 141 S. Laclede Station Rd. | |

| | | | | |
|--|----------------------------|------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Marie | b. (Middle) Minnie | c. (Last) Burgert | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1954 |
|--|----------------------------|------------------------------|-----------------------------|---|

| | | | | | | |
|--------------------------------|---|---|--|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 7, 1894 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HS. 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 At Home | 11. BIRTHPLACE (City and State or Foreign Country) Hermann, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|---|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME Henry Reifstack | 13b. MOTHER'S MAIDEN NAME Elizabeth Schultz | 14. NAME OF HUSBAND OR WIFE Frank H. Burgert |
|---|--|---|

| | | | |
|--|---|---|---|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Frank H. Burgert | ADDRESS 141 S. Laclede Stat. Rd. |
|--|---|---|---|

| | | | |
|---|--|--|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Lungs | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. myocarditis DUE TO (c) | | |
| 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"/> |
|-------------------------------|---|--|

| | | |
|---|---|---|
| 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) 113X |
|---|---|---|

| | | |
|---|---|-----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-54 11:30 P.M. | 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 Jan 1, 1899, to Sept 24, 1954, that I last saw the deceased alive on 9-24, 1954, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

| | | |
|--|---|---|
| 23a. SIGNATURE (Degree or title) Carl E. Juck | 23b. ADDRESS 2276 Lockwood | 23c. DATE SIGNED 9-25-54 |
|--|---|---|

| | | | |
|---|------------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-27-54 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
|---|------------------------------------|--|--|

| | | | |
|---|--|---|--|
| DATE REC'D BY LOCAL REG. 9/25/54 | REGISTRAR'S SIGNATURE Hebert R. Kambert | 25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home, Inc. | ADDRESS 73 W. LOCKWOOD AVE WEBSTER GROVES MO. |
|---|--|---|--|

(Licensed Embalmers Statement on Reverse Side)

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

4007

NOV 1957

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 *E. J. Penelias*.....

Licensed Embalmer No. *4285*

P. O. Address *St. Louis*.....

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.