

No. 300
10.48

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16507

318

1003

State File No.

4096

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Collinsville,
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	• STREET ADDRESS (If rural, give location) 712 Lillian Ave

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) H.	c. (Last) Burstadt	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1891	9. AGE (In years last birthday) Months Days Hours Min. 62
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Lutheran School	11. BIRTHPLACE (City and State or Foreign Country) Davenport, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Burstadt	13b. MOTHER'S MAIDEN NAME Mary Bredenbeck	14. NAME OF HUSBAND OR WIFE Mrs Elenora Burstadt
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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) no	16. SOCIAL SECURITY NO. 359-30-4168	17. INFORMANT'S SIGNATURE OR NAME <i>Oliver Burstadt</i>	ADDRESS Collinsville, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - malignant (right parietal temporal lobe)		INTERVAL BETWEEN ONSET AND DEATH 6-7 mos.
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1934
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22. I hereby certify that I attended the deceased from **April 30 19 55**, to **May 4**, 19 **55**, that I last saw the deceased alive on **May 4**, 19 **55**, and that death occurred at **11:45** m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Vermillion, M.D.</i>	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Collinsville, Ill.
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DATE REC'D BY LOCAL REG. MAY 9 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>	ADDRESS Collinsville, Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1954

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 _____

Missouri Licensed Embalmer No. 3577...

P. O. Address...Collingsville

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.