

34628

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8812

1003

REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

Registrar's No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4M6da		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital		e. STREET ADDRESS (If rural, give location) 23 2530 So. 2nd, Street			
3. NAME OF DECEASED (Type or Print) Jacob		a. (First)		b. (Middle) Burgmeyer	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10 7 1955			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Huckster		10b. KIND OF BUSINESS OR INDUSTRY self-employed		8. DATE OF BIRTH 6/25/1869	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		9. AGE (In years last birthday) 86		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Burgmeyer		13b. MOTHER'S MAIDEN NAME sophie ?		14. NAME OF HUSBAND OR WIFE None	
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 Chronic Hospital, 5600 Arsenal	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Adenocarcinoma of Prostate		1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis to bone DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Multiple Decubitus ulcers Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177x		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) (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 5/31, 1955, to 10/7, 1955, that I last saw the deceased alive on 10/7, 1955, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Tanaka, M.D.		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED Oct 10, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/11/55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith			
DATE REC'D BY LOCAL REG. OCT 10 1955		REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 3634 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED OCT 24 1955

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 *Robert C. Wheeler*

Licensed Embalmer No. *212*

P. O. Address *Stam*

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.