

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38693

STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2402

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |  |
| b. CITY (If outside Corporate limits, give TOWNSHIP only) Inside Limits<br>OR TOWN <u>St. Louis</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | c. CITY OR TOWN <u>Normandy</u> Inside Limits<br><u>St. Louis Co</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7821 St. Chas. Rd</u>   |   | Length of stay in lb <u>20 Yrs.</u>   |  |
| d. STREET ADDRESS <u>7821 St. Chas. Rd.</u>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Florence</u> Middle <u>R</u> Last <u>Burger</u>  |   | 4. DATE OF DEATH<br>Month <u>9</u> Day <u>27</u> Year <u>57</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-27-1879</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>  | 11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>                           |
| 13. FATHER'S NAME <u>George Scheu</u>  |   | 14. MOTHER'S MAIDEN NAME <u>Marie Gauss</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 <u>Christine Scheu</u>   |   | Address <u>7821 St. Chas. Rd.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma Thrombosis</u><br>Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic heart disease</u><br>DUE TO (c) <u>4200</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u><br><u>10 yrs</u>                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |   |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a. m. p. m.   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>195-1 Sept 27 1957</u> and last saw her alive on <u>Aug 16 1957</u><br>Death occurred <u>Sept 27 1957 2:30p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Type or print) <u>Jane B. Tatevot MD</u>   |   | 22b. ADDRESS <u>10300 St Charles Rd St Louis Co</u>   |  |
| 22c. DATE SIGNED <u>Sept 28 1957</u>   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>9-30-57</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Lake Chas. Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Co, Mo.</u>                        |
| 24. FUNERAL DIRECTOR ADDRESS <u>J.W. Clark F.H. 1125 Hodiamont</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>   | 26. REGISTRAR'S SIGNATURE <u>Herbert P. Donk MD</u>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

acc

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 *Alfred J. Boedek*  
Licensed Embalmer No. *26*

P. O. Address..... *1125th*

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