Health, Welfare Public Service

300 -57

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2722

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 610

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 13 INCARNATE WORD Hosp. — Length of stay in 1b 24	d. STREET ADDRESS (If outside, give location) 1953 a UTAH — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First J. Middle HENRY Last BURGHERR

4. DATE OF DEATH Month JAN. Day 15 Year 1958

5. SEX MAle

6. COLOR OR RACE WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH AUG. 3 1881

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLOTHING CUTTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. HENRY BURGHERR

13b. MOTHER'S MAIDEN NAME LOUISA MUELLER

14. NAME OF ~~HUSBAND~~ OR WIFE SELMA BURGHERR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT SELMA BURGHERR Address 1953 a UTAH

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis 331x

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11-10-57, to 1-15-58 and last saw her/him alive on 1-15-58

Death occurred at 4:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) PB Cappel MD

22b. ADDRESS 3284 Ivanhoe Ave

22c. DATE SIGNED 1-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE JAN. 18 1958

23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.

23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. JAN 17 '58

26. REGISTRAR'S SIGNATURE J Carl Smith MD MPB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be stated. All diseases in Part I must be causally related.

10-12

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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Havana

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.