

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007060  
STATE FILE NUMBER  
1978  
Registrar's No.

FILED MAR 5 - 1958

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BELLEVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hosp. 5MO.				Length of stay in 1b 46		32 STREET ADDRESS 2030 East "A" Street	
3. NAME OF DECEASED (Type or print) First Middle Last WAYNE ROBERT BURGERT				4. DATE OF DEATH Month Day Year 2 17 1958			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 11. 1931	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switzerman				10b. KIND OF BUSINESS OR INDUSTRY railroad man		11. BIRTHPLACE (City, and state or country) Belleville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S.				13. FATHER'S NAME Peter Burgert			
14. MOTHER'S MAIDEN NAME Emma Roth				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			
16. SOCIAL SECURITY NO. 334-22-1229				17. INFORMANT Nadine Burgert			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rhabdomyo sarcoma left thigh. DUE TO (c) metastasis to both lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none				19. INTERVAL BETWEEN ONSET AND DEATH 11 mos. 1973			
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 a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 10-15-1957 to Feb. 17-1958 and last saw her/him alive on 2-17-58 Death occurred at 10:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. C. Holscher, M.D.				22b. ADDRESS 35 N. Central Ave Clayton 5, Mo.		22c. DATE SIGNED 2-18-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Feb. 18, 1958		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Belleville Illinois	
24. FUNERAL DIRECTOR Gaerdner Belleville, Illinois				25. DATE RECD. BY LOCAL REG. FEB 19 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Homer W. Fritz*

Licensed Embalmer No....3.

P. O. Address *St. J.*

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