

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023171

STATE FILE NUMBER

FILED JUL 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No. 6486

300  
1-56 0

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SAINT LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>SAINT LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITAL</b>			Length of stay in lb <b>LIFE</b>	d. STREET (If outside, give location) ADDRESS <b>1123 VERONICA AVE</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>GOTTLIEB</b> Last <b>BURBACH</b>				4. DATE OF DEATH Month <b>JUNE</b> Day <b>26</b> Year <b>1958</b>			
5. SEX <b>MALE</b> <input type="checkbox"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC. 6, 1893</b>		9. AGE (In years last birthday) <b>64 yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGRAVER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PHOTO</b>		11. BIRTHPLACE (City and state or country) <b>SAINT LOUIS, MISSOURI</b> <input type="checkbox"/>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>JOHN GOTTLIEB BURBACH</b>				14. MOTHER'S MAIDEN NAME <b>BARBARA FRITZ</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-01-1543</b>		17. INFORMANT Address <b>MRS. EDNA BURBACH, 1123 VERONICA AVE 15</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>APLASTIC ANEMIA, ACUTE</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<b>292.4</b>
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"/> <b>2</b>
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 _____ 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 <b>June 24, 1958</b> , to <b>June 26, 1958</b> and last saw <sup>her</sup> him alive on <b>June 26, 1958</b> Death occurred at <b>11:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. Vourmas</i> <b>MD</b>				22b. ADDRESS <b>3720 Washington</b>		22c. DATE SIGNED <b>6-27-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JUNE 30, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>SAINT LOUIS COUNTY, MISSOURI.</b>		
24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4888 NAT'L BRIDGE BLVD.</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 27 '58</b>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>	

File in city

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 *John A. Menden*  
Licensed Embalmer No. *4118*

P. O. Address *St. Louis*

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