

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006950

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. .... Primary Registration District No. .... Regis. No. **2-1473**

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>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4704a Virginia</b>		d. STREET ADDRESS <b>4704a Virginia</b>	

3. NAME OF DECEASED (Type or print) <b>Henry Burghart</b>			4. DATE OF DEATH <b>Feb. 9, 1959</b>		
--	--	--	--------------------------------------	--	--

5. SEX <b>male</b>	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>Mar. 4, 1871</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
-----------------------	----------------------------------	---	---	--	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. 1936 Grocer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	--

13. FATHER'S NAME <b>Joseph Burghart</b>	14. MOTHER'S MAIDEN NAME <b>Julia Unk.</b>
---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Elizabeth Burghart</b>	Address <b>4704a Virginia</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>Cerebrovascular accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Gen'l arterio sclerosis</b>		
	DUE TO (c) <b>331XH</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Carcinoma prostate</b>			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 Month, Day, Year 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 **April 1947** to **date** and last saw him alive on **Jan 31, 1959**  
Death occurred at **6 am.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>N. Nachreiner M.D.</b>	22b. ADDRESS <b>4065 S. Grand Blvd</b>	22c. DATE SIGNED <b>2/9/59</b>
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL <b>removal</b>	23b. DATE <b>2-12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
--	--------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home 5322 S. Grand, St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 11 '59</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>
--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5

465

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harvey E. ...*  
.....

Licensed Embalmer No.....

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.