URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12330

60-047348
STATE FILE NUMBER

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 — Length of stay in 1b: 1 year

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5810 Sutherland Ave. — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5810 Sutherland Ave. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Katharine Middle E. Last Burger

4. DATE OF DEATH: Month Dec. Day 22 Year 1960

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/27/1882

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not employed

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): Hungary

12. CITIZEN OF WHAT COUNTRY: Hungary

13a. FATHER'S NAME: Peter Feith

13b. MOTHER'S MAIDEN NAME: Maria Bernauer

14. NAME OF HUSBAND OR WIFE: John Burger

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

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Frank C. Baker Jr. Address

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): Arterio-sclrotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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

DUE TO (b): Congestive heart failure — 3 hrs.

DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 April 1958, to Dec. 22, 1960 and last saw her ~~him~~ alive on Dec. 22, 1960

Death occurred at 10:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. R. Sheridan (Degree or title) M.D.

22b. ADDRESS #16 Hampton Village Plaza

22c. DATE SIGNED 12-23-60

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

23b. DATE: 12/24/1960

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary
ADDRESS: 6464 Chippewa St. St. Louis, Mo.

25. DATE REC'D. BY LOCAL REG.: DEC 23 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L. Denne

Licensed Embalmer No. 4,19

P. O. Address St. Lou

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