MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7994

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 1617

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo. (No. 4623 So. Broadway St. ..... Ward)

2. FULL NAME Wm Burghart

(a) Residence. No. 4623 So. Broadway St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21 - 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	0	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Jos. Burghart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Susie Burghart
(Address) 4623 So. Broadway

15. FILED FEB - 3 1929 Max C Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 - 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1929, to Feb 1, 1929 that I last saw him alive on Feb 1, 1929, and that death occurred, on the date stated above, at 10:8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder

51B

46B

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) metastasis to Stomach

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D

2/2, 1929 (Address) 1331 So 12 St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Olive Cem.	2-4- 1929.
20. UNDERTAKER	**ADDRESS**
Ziegenhein Bros. 2623	Cherokee St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.