

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

Do not use this space.

10693

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. 3543), Crittenden St. 16 Ward.....
 File No. 2603
 Registered No. 2603

2. FULL NAME Theodore E. Burger

(a) Residence. No. 3543 Crittenden St. 16 Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Liquor Dealer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Ignatz Burger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helena Rollmann

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

14. INFORMANT Adeline Burger
 (Address) 3543 Crittenden

15. FILED May 1919
May Crittenden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1930

17. HEREBY CERTIFY, That I attended deceased from Mar 10 1930, to Mar 13 1930 that I last saw him, alive on Mar 13 1930, and that death occurred, on the date stated above, at 142 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar Double

108
101A (duration) yrs. mos. 2 da.
CONTRIBUTORY Chr Interstitial Nephritis and
(SECONDARY) Arterial Hypertension several (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
 (Signed) O. Ellbrecht M. D.
 (Address) 4432 Washington Ave

*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 Valhalla Crematory DATE OF BURIAL March 15 19 30

20. UNDERTAKER Hauck & Schmitt ADDRESS 3732 S. Grand Blv.

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.

PARENTS

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