

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

Do not use this space.

24506
21266
File No. _____
Registered No. **6131**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **2003**
City **St. Louis** (No. **St. Johns Hospital**)

2. FULL NAME

Helen Louisa Burger
(a) Residence, No. **3855 N. Pine** St., **19** 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) _____

Female white Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 22nd 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Book Keeper**
(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) **Mo**
10. NAME OF FATHER **Mr Burger**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
12. MAIDEN NAME OF MOTHER **Rea Burger (nee)**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Margaret Burger**
(Address) **Boonville Mo**

15. FILED **24** 19 **19** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 24 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 1st 1930**, to **June 24 1930** that I last saw h. or alive on **June 23 1930** and that death occurred, on the date stated above, at **5:30 a. m.**

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
54B 92 acute cardiac debilitation (myocarditis) acute

(duration) _____ yrs. mos. **1** ds.
CONTRIBUTORY **secondary anemia (due to bleeding)** (SECONDARY) **fibroid of uterus non malignant** (duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

18A **IE NOT AT PLACE OF DEATH**
DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **June 16-1930**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
(Signed) **Wm P. Garrison**, M. D.

June 24 1930 (Address) **University Club Bldg**

*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 **Boonville Mo** DATE OF BURIAL **6-24 1930**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2029 North St**

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.

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10a. G. Lennons

University of the West