

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 1309 North 10 street St. _____ Ward _____)

File No. 24305
 Registered No. 792

2. FULL NAME Elizabeth Lehnar Burger

(a) Residence, No. 1309 North 10 street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Occupied

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern Switzerland

13. NAME John Lehner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Fred G. Burger
 (ADDRESS) 1309 No. 10 Street - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Mora Cemetery
 PLACE St. Joseph Mo. DATE July 30, 1931

19. UNDERTAKER H. P. Sidenfaden
 (ADDRESS) 1802 Union Street St. Joseph Mo.

20. FILED 7-29 1931 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1931 to July 27, 1931.
 I last saw her alive on July 27, 1931. Death is said to have occurred on the date stated above, at 7:40 P.M. July 28.
 The principal cause of death and related causes of importance were as follows:

Senile Marasmus. Date of onset 3 months ago
Hypostatic Bronchial Pneumonia 4 hrs ago.
 Other contributory causes of importance

Name of operation _____ Date of _____
 What test confirmed diagnosis? chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) August H. Frommer, M. D.
 (Address) 216 Chap. & Surg. Bldg.

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.

AUG 24 1931

WHILE CERTIFYING WITH OFFICING OFFICERS THIS IS A PERMANENT RECORD

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