

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

Do not use this space.

17758 ^a

1. PLACE OF DEATH

County St. Louis Registration District No. 1-1-23
 Township Wentland Primary Registration District No. 6248G
 City St. Louis (No. 5701 Linden) Ave. St. _____ Ward _____

File No. _____
 Registered No. 1590
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

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) St. Louis Mo.

13. NAME Bernard Burgart

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bessie Burgart
 (ADDRESS) 5701 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Maus. DATE 5-16 1933

19. UNDERTAKER (ADDRESS) Wacker & Veldele
2331 40 Broadway

20. FILED May 15 1933 L. C. Abbott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to May 13, 1933

I last saw him alive on May 1st 1933 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset May 1st

Other contributory causes of importance:

10/10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Julius H. Weiss M. D.

(Address) 2000 N. 9 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.

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