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

Do not use this space.

24631

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6027

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 4703 Oscar Burger

(a) Residence, No. 2830 Cass N Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Clara Burger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1879

7. AGE: YEARS 54 MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobber
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) Russia

FATHER
13. NAME Louis Burger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Miriam Walinsky
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Hospital Info Mildred Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 7/10 1933

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED JUL 10 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1933, to 7-8, 1933

I last saw him alive on 7-8 1933. Death is said to have occurred on the date stated above, at 4:30 P m.

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

	Date of onset
Arterio-Sclerotic Heart Dis. (Chr. Myocarditis)	
Multiple Aneurysms of Aorta	
Diabetes Mellitus	
96	
59	
493	

Other contributory causes of importance:

54

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Path Was there an autopsy? Not

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) J McVeleman, M. D.

(Address) City Hospital

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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[illegible] IS A PERMANENT RECORD