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.

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

Do not use this space.

24743

File No. 6148

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 91

Township ..... Primary Registration District No. 188

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Mary Burgert

(a) Residence, No. ..... St., 16 Ward. Ste. Genevieve Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August Burgert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 1 - 1854

7. AGE: YEARS 78 | MONTHS 3 | 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.: House Work
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): Mo

FATHER

13. NAME: Jacob Stubbe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Roy Blackfield 2815 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ste Genevieve Mo DATE: 7 - 17 1933

19. UNDERTAKER (ADDRESS): Leo Basler Ste Genevieve Mo

20. FILED: JUL 15 1933, 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-12-, 1933, to 7-14-, 1933

I last saw her alive on 7-14, 1933. Death is said to have occurred on the date stated above, at 815a m.

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

	Date of onset
Myocarditis Chronic	1930
131	
98C	
131	

Other contributory causes of importance:

Chronic interstitial nephritis	1926

Name of operation: no 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? no 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) Martin J Glass, M. D.

(Address) 506 Olive St.