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

Do not use this space.

File No. 28367

Registered No. 7521

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1713

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

2. FULL NAME William Burg.

(a) Residence, No. 5638 Kingsburg Ward. 5

(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: Male

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 Margaret H. Burg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1847

7. AGE: Years 86 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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.

FATHER

13. NAME Henry Burg.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Louisa Le Pere

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

17. INFORMANT (ADDRESS) Mrs. H. Burg 5635 Kingsburg Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE Aug 31, 1933

19. UNDERTAKER (ADDRESS) Wagoner 3631 Olive St.

20. FILED AUG 31 1933, 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931, 19..., to Aug 30, 1933

I last saw him alive on Aug 30, 1933. Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Hypertrophy Prostate	
Pneumonia	
Coronary Thrombosis	
8/30/33	

Other contributory causes of importance: Sec. Arteriosclerosis, Chr. Myocarditis, Edema Leg

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

What test confirmed diagnosis? Lab Tests 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) J. Ray Sanford, M. D.

(Address) 773 Lenox Place Ivy

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 [illegible]