

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

Do not use this space.

30999

**1. PLACE OF DEATH**

County.....  
Township.....  
City **St. Louis Mo.** (No. ....)

Registration District No. **791**  
Primary Registration District No. **0003**  
**Jewish Hospital**

File No. ....  
Registered No. **7671**  
St. .... Ward)

**2. FULL NAME**

**Hulda Goldsmith Burgheim**

(a) Residence, No. **6604 Clayton Road 12** Ward. (If nonresident, give city or town and State)

(Usual place of abode) 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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry M. Burgheim**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 5 20**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **at home**  
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) **Germany**

MOTHER FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Nathan Burgheim**  
(ADDRESS) **6604 Clayton Rd**

18. BURIAL CREATION OR REMOVAL PLACE **Mt. Sinai** DATE **Sept. 5, 1933**

19. UNDERTAKER **Mayer**  
(ADDRESS) **4356 Wendell Blvd**

20. FILED **SEP 05 1933** **J. H. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 3, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **8/27**, 19**33**, to **9/3**, 19**33**.  
I last saw her alive on **9/3/33**, 19..... Death is said to have occurred on the date stated above, at **5 P. m.**

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

- 1) Encephalitis - Epidemic
- 2) Heart Disease - Arteriosclerosis
  - (a) Chronic Myocarditis
  - (b) Arteriosclerosis
- 3) Pneumonia

Other contributory causes of importance:

Name of operation **M** 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) **Harry Gross**, M.  
(Address).....

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.

SEP 20 1933

Every item of information should be carefully supplied. AGE should be stated. OCCUPATION is very important. Each item should be stated in plain terms so that it may be properly classified. Exact names of streets and cities should be given.

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*Handwritten signature or initials*