

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

em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE 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.

JAN 13 1936

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
En Route City Hospital #1.

41558
File No.....
Registered No. 10802
St..... Ward.....

2. FULL NAME Louis Burgert

(a) Residence, No. 4667 S. Spring Ave. St. 15 Ward.....
(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. (If nonresident, give city or town and State)

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 Anna Burgert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23rd. 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 11 28

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

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 (ADDRESS) Anna Burgert
5234 S. 37th. St.

18. BURIAL, CREMATION, OR REMOVAL New St. Michael DATE Dec 23 1935

19. UNDERTAKER (ADDRESS) Wacker-Heldale
1551 S. Broadway

20. FILED DEC 21 1935 19..... J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20th. 1935

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8.30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis with Occlusion, Cardiac Hypertrophy Date of onset.....

Other contributory causes of importance: 95b

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Harold P. [Signature] M. D.
(Address) [Signature]

