

WRITE PLAINLY, WITH CAPITAL LETTERS. 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.

AUG 18 1936

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1003**

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1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City, St. Louis Mo. (No. St. Luke's Hospital)

File No.
 Registered No. **6663**
 St. Ward)

2. FULL NAME

August Burger Jr.
 (a) Residence, No. 14467 Federal St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st 1881</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>11</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chef</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>University Club</u>	
	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) <u>France</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>August Burger Jr. 14467 Federal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 3rd 1936</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis & Carroll Trust Co. 7600 National Bridge</u>		
20. FILED <u>1</u> 1936 <u>J. T. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936, to June 30, 1936
 I last saw him alive on June 30, 1936. Death is said to have occurred on the date stated above, at 11:15 am.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis with congestive failure
 Date of onset

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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) Bruse Keasmore M. D.
 (Address) St. Luke's Hosp. St. Louis

