

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.

OCT 5 1936

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

Do not use this space.

791

35962

1. PLACE OF DEATH

County Registration District No. **1008**
Township Primary Registration District No. **California**
City **ST LOUIS** (No. **2650**)

File No.
Registered No. **9585** St. Ward)

2. FULL NAME

Ammanda Burgert
(a) Residence, No. **2650 California** St. **22** Ward.

(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 **Henry Burgert**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 8/1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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 **Frantz Schloss**

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

15. MAIDEN NAME **Helen Yaeger**

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

17. INFORMANT (ADDRESS) **Mr. L. Adams 2650 California**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset BurMk**, DATE **9-21-36**

19. UNDERTAKER (ADDRESS) **Witt Bros. & Co. 2929 A. Jefferson**

20. FILED **SEP 30 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 18 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1936** to **Sept - 18 1936**
I last saw him alive on **Sept 18 10 20 1936** Death is said to have occurred on the date stated above, at **10 41 a.m.**
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset

Other contributory causes of importance: **H. B.**

Name of operation Date of
What test confirmed diagnosis? **Every** 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) **Jama M. J. Fawcett** M. D.
(Address) **2025 S. Jefferson**

