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

OCT 14 1937

Do not use this space. 32668

1. PLACE OF DEATH —
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8722
(c) City St. Louis, Mo. (d) Street No. U.S. Marine Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 19 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry F. Buerger
(a) Residence, No. New Haven, Mo. St. nr New Haven, Mo.
(Usual place of abode, if no street address, write county or city) (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 Emma Buerger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1891

7. AGE: Years 46 | Months 7 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Captain
9. Industry or business in which work was done, as saw mill, bank, etc. on river steamers
10. Date deceased last worked at this occupation (month and year) Aug. 29, 1937
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

FATHER
13. NAME Henry Buerger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT H. A. Green
(ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Haven Mo. DATE 9-11-37

19. FUNERAL DIRECTOR C. Fritz & Son
(ADDRESS) New Haven Mo.

20. FILED SEP 18 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1937, 19..., to Sept. 17, 1937, 19...
I last saw him alive on Sept. 17, 1937, 19... Death is said to have occurred on the date stated above, at 3:35 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic (From history)	Aug. 1936

Other contributory causes of importance:
Nephritis, parenchymatous, chr. Unknown.

Name of operation None Date of
What test confirmed diagnosis? Laboratory and clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) H. L. Corey, A. A. Surg. USPHS, M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

10-1-502-1
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MAR 22

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me according to The Mo. State Law L. E. 3880

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)