NOV 15 1937

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

Do not use this space.

36183

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 9760

City St. Louis, Mo. (No. ....., City Sanitarium ..... St. ..... Ward)

2. FULL NAME Steve Burg

(a) Residence, No. 1801 So. 11th St. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August - 1887

7. AGE: About 50 YEARS; MONTHS -; DAYS -; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoeworker

10. Date deceased last worked at this occupation (month and year) Jan. 1911

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Steve Burg

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. P. Smith 5400 Arsenal.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Oct 21, 1937

19. UNDERTAKER (ADDRESS) J. H. Gebken 2842 Miramec

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

OCT 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, 19..., to Oct. 16/37, 19...

I last saw him alive on Oct. 16/37, 19... Death is said to have occurred on the date stated above, at 10.50 A.M.

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

Broncho-pneumonia 10-12-37 — Date of onset

23

Other contributory causes of importance:

Pulmonary Tuberculosis 7-1-30

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) Herbert P. Smith, M. D.

(Address) 5400 Arsenal St

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.

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