

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

632
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County.....
(b) Township.....
(c) City **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. **4129 Concordia Ave.**

Registered No. **488**
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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Otto Martin Burmeister 652**

(a) Residence, No. **4129 Concordia Ave.** St. **1**
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June, 29-1933**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
9. Industry or business in which work was done, as 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) **St. Louis, Mo.**

FATHER 13. NAME **Otto Burmeister**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 15. MAIDEN NAME **Bertha Wolfangel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kimswick Missouri**

17. INFORMANT (ADDRESS) **Otto Burmeister 4129 Concordia Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Beck, Mo.** DATE **Jan. 17- 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wacker-Helderle 2331 S. Broadway**

20. **JAN 15 1938** Local Registrar **G. Bredbeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 13th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 3 1938** to **Jan 13 1938**
I last saw him alive on **Jan 13 1938**: Death is said to have occurred on the date stated above, at **1.45 P.M.**
The principal cause of death and related causes of importance were as follows:

acute nephritis, cause unknown
1150
Date of onset **1.6.38**

Other contributory causes of importance:
acute tonsillitis, non-diphtheritic 1.1.38
Cervical adenitis 1.4.38

Name of operation **none** 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) **Ernest A. Vogel!** M. D.
(Address) **2325 S. Grand**

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. 2645 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Hyland
Licensed Embalmer No. 2645

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.)