

REC'D NOV 16 1938

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

33964

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **1003**  
 (b) Township..... Primary Registration District No. Registered No. **8950**  
 (c) City St. Louis (d) Street No. 2722a Armand Place 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 Lawrence G. Burger, Jr.

(a) Residence, No. 2722a Armand Place St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 10 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician  
 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) St. Louis  
 (STATE OR COUNTRY) Missouri

13. NAME Lawrence G. Burger

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rose Beckerle

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Rose Burger  
 (ADDRESS) 2722a Armand

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 10/13/38

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Sons  
 (ADDRESS) 7027 Gravois Avenue

20. FILED OCT 13 1938  
J. F. Bredeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1938, to 10-12, 1938  
 I last saw him alive on 10-12, 1938. Death is said to have occurred on the date stated above, at 8:05 m. P.M.  
 The principal cause of death and related causes of importance were as follows:

Hypertension (malignant)  
Myocardial Infarction  
 Date of onset 2 years  
8 hrs.

Other contributory causes of importance:

Name of operation None Date of.....  
 What test confirmed diagnosis? Clinical 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) John J. Harmond, M. D.  
 (Address) 634 N. Grand Blvd.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_,  
\_\_\_\_\_, or by \_\_\_\_\_,  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877  
P. O. Address 6937<sup>2</sup> Gravois

**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.)**

**If this body is not embalmed, above space should be left blank.**