

No. 2  
-13-40  
-17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26814

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **6710**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **33 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY BURG 620**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **NO**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Nathan Burg**  
6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years **ab 41** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Suwalki Lithuania**  
(City, town, or county) (State or foreign country)  
**at home**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Joseph Katz**

13. Birthplace **Lithuania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Eklar**

15. Birthplace **Lithuania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nathan Burg**

(b) Address **1477 a Shawmut Pl.**

17. (a) **Burial** (b) Date thereof **8/7/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag.**

18. (a) Signature of funeral director **H. B. Burger**

(b) Address **4717 M<sup>e</sup> Phelan**

19. (a) **AUG 7 1940** (b) **J. P. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1477 a Shawmut Pl.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **35 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **6**  
year **1940** hour **4** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **April**  
\_\_\_\_\_, 19**40**, to **AUG 6**, 19**40**.  
that I last saw h. **ER** alive on **AUG 6**, 19**40**.  
and that death occurred on the date and hour stated above.

Immediate cause of death **HEPATIC FAILURE** Duration **2 days**

Due to **50 METASTASES**

Due to **CARCINOMA OF BREAST** **6 mos?**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations **biopsy taken**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **G. E. Sauerwald** (M. D. or other)

Address **4500 Olive street** Date signed **8/7/40**

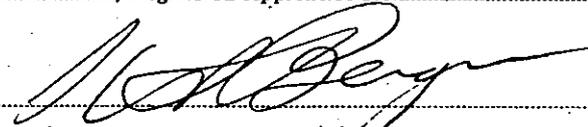
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....  


Licensed Embalmer No. 1594.....

P. O. Address.....

**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, fact should be so stated above.**