

2
10-39
1940

SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7018**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3918 Cote Brilliante Ave **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....
(c) City or town St. Louis **11**
(If outside city or town limits write "RURAL")
3918 Cote Brilliante Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A?..... years.

8. (a) PRINT FULL NAME Henry Buerk **620**
3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - day 18
year 1940 hour 1 minute 15pm M.

21. I hereby certify that I attended the deceased from March, 1932, to Aug 18, 1940
that I last saw him alive on Aug 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Acute gastric indigestion
Duration 1 year
1 week

Other conditions (Include pregnancy within 3 months of death) **93 C**

Major findings: Of operations.....
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 John Everell (M. D. or other) **MD**
Address 4229 Washington Date signed 8/19/40

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Buerk 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 1st 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Buerk
(b) Address 3918 Cote Brilliante Ave

17. (a) Burial (b) Date thereof 8/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) AUG 19 1940 (b) J. F. Brodbeck
(Date received local registrar) (Registrar's Signature)

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

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

Frank H. Stovall

Licensed Embalmer No. 2265

P. O. Address.....

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

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