

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

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7665**

FILED
799
OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 23 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Otto Burger

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 10 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months — Days 2 If less than one day hr. min.

9. Birthplace September 10 1876
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Keeper

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant _____

(b) Address 1801 S. Jefferson Ave

17. (a) Burial (b) Date thereof Sept 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEPT. 12 1940 (b) J. P. Prodeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Jefferson 23
(If outside city or town limits, write "RURAL")
(d) Street No. 3801 S. Jefferson Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12,
year 1940 hour 3:32 minute A. M.

21. I hereby certify that I attended the deceased from July
19, 1940 to September 12, 1940
that I last saw h. im alive on September 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
1 Korsakoff Psychosis
2 Chronic Alcoholism
3 Bilateral Inguinal Hernia
4 Fistula in Anus
5 Probable Terminal
6 Pneumonia
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: None

Of operations _____

Of autopsy None

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 work)
(e) Means of injury _____

23. Signature J. P. Prodeck (M. D. of State) _____

Address 1515 Lafayette Ave. Date signed 9/12/40

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 Paul J. Owens

Licensed Embalmer No. 2245

P. O. Address So. Lane Mo.

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, fact should be so stated above.