

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9

FEB 25 1941 791

Registration District No. 791  
Primary Registration District No. 1003

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Lukes Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4753a Northland Ave.  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Florence E. Burmester

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 1st.  
year 1941 hour 5 minute 45 A.M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Leslie Burmester 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 12 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16 1940 to Jan. 1 1941  
that I last saw her alive on Dec. 31 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Staphylococcus septicaemia and multiple abscesses of pyonephrosis of Rt. Kidney - no stones.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 330

9. Birthplace Red Bud Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Arthur Helber

13. Birthplace Red Bud Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Rabe

15. Birthplace Red Bud Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Helber

(b) Address 4753a Northland Ave.

17. (a) Burial (b) Date thereof 1-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud Ill.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd. S. 114

19. (a) 1-2-41 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy multiple abscesses of lungs - abscesses of liver

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 0

23. Signature H. C. Wheeler (M. D. or dentist)  
Address St. Lukes Hosp. Date signed 1/1/41

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

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

0  
17  
9

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**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. *3534*

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.**