

Registration District No. FILED APR 17 1942 791

Primary Registration District No.

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:
4252 Linton Ave.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4252 Linton Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH BURGER

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Fridolin Burger 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 16 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 15 hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER { 12. Name William Dauber
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Stumpf
15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Fridolin Burger

(b) Address 4252 Linton Ave

17. (a) Burial (b) Date thereof Apr-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. Kuen R. U. Co.

(b) Address 2707 N. Grand Blvd

19. (a) APR 2 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1942 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 15
1942 to March 30 1942
that I last saw alive on March 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia cerebri
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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 Lucy Ross (M. D. or other) _____
Address 1918 East Grand Date signed _____

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 *Paul F. Krollenberg*
Licensed Embalmer No. *2681*
P. O. Address *2707 N. Grand B*

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.