S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22126

FILED JUL 23 1942

Registration District No. 75 7 — Primary Registration District No. 30 36 — Registrar's No. 243

1. PLACE OF DEATH:

(a) County: St. Charles

(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1601 Hilmes Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution C (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles

(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 1601 Hilmes Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Henry F. 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: Widowed

6. (b) Name of husband or wife: Delia (Wilkerson) Burger

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: April (Month) 23 (Day) 1868 (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Wright City (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER

12. Name: William Burger

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

14. Maiden name: Wilmina Overmeyer

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

16. (a) Informant: Mrs. Herman Bogel

(b) Address: 1601 Hilmes, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Wright City, Mo.

18. (a) Signature of funeral director: H. C. Dallmeyer & Sons Co.

(b) Address: 801 N. Second, St. Charles, Mo.

19. (a) June 29, 1942 (Date received local registrar) (b) Clarence E. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 11, 1942 to June 26, 1942 that I last saw h. ____ alive on ____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration: 3

Due to: Cerebral Sclerosis & Hypertension

Due to:

Other conditions (Include pregnancy within 3 months of death): 1

Major findings: Of operations: 830

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 200 N. Main St. Charles Date signed: 6/27/42

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(Licensed Embalmer's Statement on Reverse Side)

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.