

S. No. 2
DM-542
v. 5-17-39
X32873

37896
410

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942
378

Registration District No.

Primary Registration District No. 3058

Registrar's No.

92
6992
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether Life)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Peters
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country /

3. (a) PRINT FULL NAME Robert D. Burgmeyer

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

20. DATE OF DEATH: Month November day 2
year 1942 hour 11 minute 56 P.M.

4. Sex Male 5. Color or race White

21. I hereby certify that I attended the deceased from Oct. 16, 1942
19... to Nov. 2, 1942

6. (a) Single, widowed, married, divorced Single

that I last saw him alive on Nov. 2, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 19 1932
(Month) (Day) (Year)

Immediate cause of death: Acute renal nephritis

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>6</u>	<u>13</u>	hr. min.

Due to Scarlet fever

9. Birthplace St. Peters, Missouri
(City, town, or county) (State or foreign country)

Due to Scarlet fever

10. Usual occupation Child

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business --

Major findings: Of operations 8

12. Name Geo. W. Burgmeyer

Of autopsy 8

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rose Hill

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Burgmeyer
(b) Address St. Peters, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 11 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Place: burial or cremation St. Paul's Churchyard

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Clarence Gleason
(b) Address 3634 Gravois Avenue

23. Signature Joe Durbin (M. D. or other) 0
Address St. Charles, Mo. Date signed 11-3-42

Duration 10 days

4 mch.

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

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..... *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *St Louis 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.