

FILED FEB 1 1943 818

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 597

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:  
**Lutheran Hospital**  
(If not in hospital or institution, write street number or location)

(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.....

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

(d) Street No..... **4111 North 21st St**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **William A Burmeister, Senior**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **19**  
year..... **1943** hour..... **6:30** minute..... **A** M.....

21. I hereby certify that I attended the deceased from **1/10/43** to **1/18/43**, 19.....  
that I last saw him alive on **1-18-43**, 19.....  
and that death occurred on the date and hour stated above.

4. Sex..... **Male** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Elise Burmeister** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **July 17 1855**  
(Month) (Day) (Year)

Immediate cause of death.....  
**arteriosclerotic Heart Disease**  
**Congestive Failure**

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

**87 6 2** hr. min.

9. Birthplace..... **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Millwright**

Major findings:.....

Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name..... **William Burmeister**

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

14. Maiden name..... **Unknown**

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

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..... **J. F. Bredbeck** (M. D. or other).....  
Address..... **3651 Grand Blvd** Date signed..... **1/19/43**

16. (a) Informant..... **Charles Burmeister**

(b) Address..... **4111 North 21st St**

17. (a) **Burial** (b) Date thereof..... **Jan 22 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethlehem Cemetery**

18. (a) Signature of funeral director..... **Beiderwieden Funl Home Inc**

(b) Address..... **1936 St. Louis Ave**

19. (a) **1943** (b) **J. F. Bredbeck**  
(Date received local registry) (Registrar's signature)

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.....

Licensed Embalmer No.....

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.**