

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes 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

3. (a) PRINT FULL NAME Frederick H. Burmester
3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-01-8879

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Burmester
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 1 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business Retired

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Burmester
(b) Address 5362 Maffitt Ave.

17. (a) Burial (b) Date thereof 5-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

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

(b) Address 1905 Union Blvd.

19. (a) MAY 10 1943 (b) J. F. Burdick
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5362 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 6 1943
19. _____ to May 8 1943
that I last saw him alive on May 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized peritonitis
Due to Acute int. Stomatitis
Gangrenous bowel with
Due to rupture of abdominal
acute whitish yellow of spleen
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Above
Of operations: _____
Of autopsy: Above

Duration
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 G. L. Kramer (M. D. or other)
Address 3720 W. Washington Date signed May 8 43

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

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

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.