

#37985-1  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 31 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 668

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2024 Cherokee St.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Victoria Burk

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan. day 21st, year 1945 hour 6:20 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from 1/21/45 to 1/21/45 that I last saw her alive on 1/21/45 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive \_\_\_\_\_ years 7. Birth date of deceased Dec. 21 1885

Immediate cause of death Thrombosis of pulmonary artery due to unknown cause

8. AGE: Years 59 Months 1 Days 0 If less than one day hr. min.

Due to \_\_\_\_\_

9. Birthplace St. Louis Mo.

Due to \_\_\_\_\_

10. Usual occupation Home

Other conditions Diabetes mellitus

11. Industry or business \_\_\_\_\_

Major findings: Bronchitis pneumonia

12. Name Julius Enghauser

Of operations \_\_\_\_\_

13. Birthplace Unknown

Of autopsy Thrombosis of pulmonary artery due to unknown cause; Bronchitis pneumonia

14. Maiden name Catherine Stehlin

15. Birthplace St. Louis

16. (a) Informant Fred Burk (b) Address 2024 Cherokee St.

17. (a) Burial (b) Date thereof Jan. 24, 45.

(c) Place: burial or cremation Old S S Peter & Paul

18. (a) Signature of funeral director Wacker, Helderle (b) Address 3634 Gravois Ave.

19. (a) JAN 23 1945 J. F. Bredeck

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

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

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

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E. W. Czuchra 1515 Lafayette 1/22/45

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.**