

717420
FILED JAN 25 1946

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **576**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. City Infirmary 139
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN BURGER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 24 77
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation ODD JOBS.

11. Industry or business _____

12. Name GEORGE BURGER

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

14. Maiden name MARGARET W.K.

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

16. (a) Informant MISS JOYCE

(b) Address 2331 MULLANPHY

17. (a) BURIAL (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Laurent Kelly
(b) Address 4386 Lindell
19. (a) JAN 18 1946 (Date received local registrar)
J. J. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1946 hour 6:35 minute A M.

21. I hereby certify that I attended the deceased from 12/26/45
to 1/10/46, 19____; that I last saw him alive on 1/10/46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death, arteriosclerotic heart disease with myocardial damage
Due to Generalized arteriosclerosis

Due to _____
Other conditions arteriosclerotic gangrene of right foot
(Include pregnancy within 3 months of death) rupt of left kidney

Major findings: Of operations none Of autopsy as above

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 fall
23. Signature J. J. Brebeck 1945 Lafayette 1/10/46 (M/D/yr other)
Address _____ Date signed _____

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

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..... *James G. Lammess*
Licensed Embalmer No..... *4142*
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.