

FILED FEB 19 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:
5435 Lisette Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No. 5435 Lisette Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Kate Burger

3. (b) If veteran, name war..... Nil 3. (c) Social Security No. None

4. Sex..... Female 5. Color or race..... White

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

6. (b) Name of husband or wife..... Elmer Burger 6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... March 26 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 4
year..... 1946 hour..... 7:00 minute..... P. M.

21. I hereby certify that I attended the deceased from..... 1943 19..... to..... Feb 4 19..... 46
that I last saw her..... alive on..... Feb 4 19..... 46
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>59</u> | <u>10</u> | <u>8</u> | hr. min. |

Immediate cause of death..... Essential Hypertension 4 yrs

Due to.....

Due to..... Myocarditis 2 yrs

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

9. Birthplace..... East St. Louis Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... John Tempany

13. Birthplace..... Unknown New York /
(City, town, or county) (State or foreign country)

14. Maiden name..... Catherine Frehee

15. Birthplace..... East St. Louis Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant..... Elmer Burger

(b) Address..... 5435 Lisette Ave.

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?.....

17. (a) Removal (b) Date thereof..... 2-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Belleville, Ill.

23. Signature..... W. Gustave Dahms (M. D. or other)
Address..... 1452 So Grand Date signed..... 2-6-46

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) FEB 5 1946 (b) J. Z. Bredack
(Date received local registrar) (Registrar's signature)

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..... *Elmer R. Padwell*
Licensed Embalmer No. 4077
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.