S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3/24 1929 11-19

State File No. 38192

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3288

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

37007

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town OVERLAND (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EDGEWOOD SANITARIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether

In this community 43 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ORC

(c) City or town St. Louis (If outside city or town limits, write "RURAL") .17

(d) Street No. 4655 Loughborough (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BERTHA JOSEPHINE BURGARIN

3. (b) If veteran, name war no.

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Burgarin

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 25 (Month) 1890 (Day) (Year)

8. AGE: Years 56 Months 2 Days 16 If less than one day hr. min.

9. Birthplace AUSTRIA HUNGARY (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business home

FATHER
12. Name Karl Horn 4
13. Birthplace Austria Hungary (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Barbara 1
15. Birthplace Austria Hungary (City, town, or county) (State or foreign country) 1

16. (a) Informant John Burgarin

(b) Address 4655 Loughborough

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

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Henry L. Weidemueller

(b) Address 6203 Gravois

19. (a) 11-14-46 (Date received local registrar) (b) Ruth G. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11 year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 15, 1946, to Nov 11, 1946 that I last saw her alive on Nov 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 wk
Due to Hypertensive Cardio Vascular Disease	yrs.
Due to	
Other conditions Auricular Fibrillation c̄ Cardiac Decompensation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (c) Means of injury

23. Signature John Kung MD (M.D. or other)

Address 6710 E Big Bend Rd Date signed 11/12/46

(Licensed Embalmer's Statement on Reverse Side) Webster Groves Mo

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 Elmo R. Cadwell

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.