No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6144

State File No.

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2168

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: 3303 B. Wisconsin Ave
(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

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

(d) Street No. 3303 B. Wisconsin Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Magdalene Burgmeier

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased December 9 (Month) 1863 (Day) (Year)

8. AGE: Years 84 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Gansse
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John C. Burgmeier
(b) Address 3303 B. Wisconsin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6409 Gravois Ave

19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day March year 1948 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6th, 1947 to March 1st, 1948 that I last saw her alive on Feby. 29th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arterio Sclerosis	3 years
Due to General Arterio Sclerosis	10 yrs. +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (e) Means of injury

23. Signature William Baron (M. D. or other) M.D.

Address 3601 S Jefferson Date signed 3-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

LA 4306

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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 Homer H. Fritz

Licensed Embalmer No: 3882

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.