

FILED MAR 15 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(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: **Firmin Desloge Hospital**
(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)

3. (a) PRINT FULL NAME

Burmester, Gertrude

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

3. (c) Social Security No. **None**

4. Sex **Female**

Female

5. Color or race **White**

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

6. (b) Name of husband or wife **Ferd Burmester**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **January 18 1881**
(Month) (Day) (Year)

8. AGE: **X68**

Years **67**

Months **1**

Days **18**

If less than one day
hr. _____ min. _____

9. Birthplace **Breese Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER } 12. Name **George Jaske**

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

14. Maiden name **Marie Snicker**

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

16. (a) Informant **Francis Anderson**

(b) Address **2529 Hebert St.**

17. (a) **Removal** (b) Date thereof **3-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Breese, Ill.**

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

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

19. (a) **MAR 8 1948** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

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. **2217 St. Louis Ave.** **9**
20 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3-6-48** day _____
year _____ hour **11:55 A.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **3-4-48** 19____ to _____ 19____
that I last saw h **er** alive on **3-6-48** 19____

and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral vascular accident (Thrombosis of Left Middle Cerebral Artery)** **3 days (approx)**
Duration

Due to **Hypertensive cardio-vascular Renal Disease** **Uncertain**

Other conditions (Include pregnancy within 3 months of death) **1/31**

Major findings: Of operations _____

Of autopsy **Thrombosis of left middle cerebral artery**
Cardiac hypertrophy; s. Sclerosis; arterio-sclerosis

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. O. Brown** (M. D. or other) **J. O.**
Address **1325 S. Grand** Date signed **7-25-48**

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

Chris 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.