

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

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

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County: **St. Louis**  
(b) City or town: **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **4315 Lexington 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: **Mad**  
(c) City or town: **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **4315 Lexington Ave.** **9**  
**10** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Louisa Miller (Madge Burger)**

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

4. Sex: **Female** Color or race: **White**  
6. (a) Single, widowed, married, divorced: **m**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased: **About 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 65** .....hr. ....min.

9. Birthplace: **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business.....  
12. Name: **Paul DeMartini**

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

14. Maiden name: **Unknown**

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

16. (a) Informant: **Maurice Falchero**  
(b) Address: **133 Tulip Dr.**

17. (a) Burial (b) Date thereof: **3/10/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **Calvary**

18. (a) Signature of funeral director: **Stroot-Carroll**  
(b) Address: **4600 Natural Bridge**

19. (a) **MAR 9 1948** (Date received local registrar)  
**J. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **8**  
year **1948** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **March 2**, 19**48** to **March 8**, 19**48**  
that I last saw her alive on **March 8**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar Pneumonia** **3-6-48**  
Duration

Due to.....

Due to.....

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

Major findings: **Of operations**

Of autopsies.....

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?.....

While at work..... (Specify type of place)  
Means of injury.....

23. Signature: **Emmett Burns** (M. D. or other) **MD.**

Address: **3502 N. Grand St.** Date signed: **3-9-48**

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

*B. Hoffmann*

Licensed Embalmer No.

*4366*

P. O. Address

*St. Louis, Mo*

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.



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