

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1948

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4193

State File No.

Registrar's No. 18

19114

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME August Burger

3. (b) If veteran, name war no 3. (c) Social Security No. 498-01-7194

4. Sex male 5. Color or race white 6. (a) Single, widowed, married/divorced married
6. (b) Name of husband or wife Lucille Burger 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased April 30 1918
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Government Employee

11. Industry or business U. S. Government

12. Name Hermann Burger
13. Birthplace Morrison, Mo.
(City, town or county) (State or foreign country)

14. Maiden name Pauline Hans
(City, town or county) (State or foreign country)

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

16. (a) Informant Hermann, Mo.

(b) Address Burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 6/30/48
(Month) (Day) (Year)

(c) Place: burial or cremation Hermann

18. (a) Signature of funeral director Hermann, Mo.
(b) Address

19. (a) 6/29/48 (b) Dr. H. H. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasc
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 6.30 minute A M.
21. I hereby certify that I attended the deceased from June 25
1948 to June 27, 1948
that I last saw him alive on June 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pericarditis Duration 3 days
Due to Chronic glomerulonephritis 6 mo.
Due to

Other conditions
(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?

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

23. Signature Dr. H. H. H. H. H. (M. D. or other)
Address Hermann, Mo. Date signed 6/29/48

Date Filed 7/12/48
District File Number

District Health Officer No. 9,

RECEIVED

NOV 9 1948

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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed *[Signature]*

Licensed Embalmer No. 2044

P. O. Address Herman n, 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.