FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21662

Primary Registration District No. 6076

Registrar's No. 1588

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5722 Apricot Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Jennings 61
(If outside city or town limits, write "RURAL")
(d) Street No.: 5722 Apricot Ave. 10
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Louise Burmeister

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: White

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

6. (b) Name of husband or wife: late John Burmeister

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

7. Birth date of deceased: June 30th, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 11 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany 11
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business .....

FATHER
12. Name: Frank Hunterbrinker 11
13. Birthplace: Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Meta Bodart
(b) Address: 5722 Apricot Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.

19. (a) 6-25-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 23rd
year: 1948 hour: 1:30 PM minute ..... M.

21. I hereby certify that I attended the deceased from June 29, 1948 to June 23, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cyst Ovarii	
— Neoplasm	
— suffocation, carcinoma	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 132	
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: [signature] (M. D. or other) 6-24-48
Address: M. D. 1918 E. Garrison Bldg. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. EMMY ROSS

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

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 John P. Beckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.