

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1478

| | | | | | | | | | |
|--|------------------------|--|---|---|--|--|--------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 3026 | | Registrar's No. 11 | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Independence | | c. LENGTH OF STAY (in this place) 2 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) Independence | | d. STREET ADDRESS (If rural, give location) 528 W. Jones | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) W. c. (Last) Buerger | | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1949 | | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 29, 1880 | | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 9 | IF UNDER 24 HRS. Days 14 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker | | 10b. KIND OF BUSINESS OR INDUSTRY Havens Struc. Steel Wright Co., Mo. | | 11. BIRTHPLACE (State or foreign country) American | | 12. CITIZEN OF WHAT COUNTRY? American | | | |
| 13a. FATHER'S NAME Henry Buerger | | 13b. MOTHER'S MAIDEN NAME Caroline Suitmeister | | 14. NAME OF HUSBAND OR WIFE Mrs. Bertha Buerger | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 496-03-0671A | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Buerger ADDRESS 528 W. Jones Independence, Mo. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage with right hemiplegia. ANTECEDENT CAUSES DUE TO (b) Terminal Bronchopneumonia DUE TO (c) Generalized Arteriosclerosis with coronary insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 16 days 4 days years | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from Dec. 28, 1948, to Jan. 13, 1949, that I last saw the deceased alive on Jan. 13, 1949, and that death occurred at 1:30 A.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Harold V. Woods M.D. | | | | 23b. ADDRESS 121 1/2 West Lexington | | 23c. DATE SIGNED 1/13/49 | | | |
| 24a. BURIAL, CREMATION, REPOSE (Specify) | | 24b. DATE 1/15/49 | 24c. NAME OF CEMETERY OR CREMATORY Waldman Beer | | 24d. LOCATION (City, town, or county) (State) Indepe Mo. | | | | |
| DATE REC'D BY LOCAL REG. 1-15-49 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS Independence, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.