

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7059

State File No. \_\_\_\_\_

FILED MAR 1 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE T.S. MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>DANBY ROUTE # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Paul</u> c. (Last) <u>BURGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Sept. 6, 1925</u>		9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY <u>MISSISSIPPI LIME CO.</u>	

13a. FATHER'S NAME <u>John A. Burger</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Chouquette</u>		14. NAME OF HUSBAND OR WIFE <u>Adlen Della Robinson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes 11-10-43 to 5-18-46</u>		16. SOCIAL SECURITY NO. <u>499-30-7822</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Burger Jr. Danby Miss ROUTE # 1</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK - CRUSHER RIGHT SIDE ACCIDENTAL DEATH VERDICT OF JURY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTOMOBILE ACCIDENT</u> DUE TO (c) <u>Automobile Overturned</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(No Collision)</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MO. HIGHWAY # 25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>STE. GENEVIEVE T.S. STE. GENEVIEVE CO. MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-18-49 6:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT CARTURNING OVER</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Les C. Becker Coroner Ste. Genevieve Mo</u>		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>2/19/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blomdale</u>		24d. LOCATION (City, town, or county) (State) <u>Blomdale Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 21-49</u>		REGISTRAR'S SIGNATURE <u>L.D. Karl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Becker Ste. Genevieve Mo</u>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9500

RECEIVED

Health Officer No. 4

File Number 249-281

Date Filed 2-28-49

MAR 18 1949

MAR 21 1949

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.

Signed Lee C. Basher

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1985

P. O. Address Dr. Genevieve Inc

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.