

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17845

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 886

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>0</u>	
c. CITY OR TOWN <u>LEMAY</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 11 BOX 154</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hans</u> b. (Middle) _____ c. (Last) <u>Burger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 12 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>FEB. 15 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>4</u>			
13a. FATHER'S NAME <u>JOSEPH BURGER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE KNEIB</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA BURGER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	

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) <u>Aspiration pneumonia, bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot wound of mandible</u> DUE TO (c) <u>Fracture of mandible</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 days</u> <u>9, 9, 76h</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RR 11 Box 15a Lemay Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 7 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gunshot wound self inflicted</u>

22. I hereby certify that I attended the deceased from 4-7-1949 to 4-12-1949, that I last saw the deceased alive on 4-12-1949, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Coble, M.D.</u>	23b. ADDRESS <u>601 So Brentwood, Clayton, Mo</u>	23c. DATE SIGNED <u>4-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> ADDRESS <u>2906 Garvin</u>	
DATE REC'D BY LOCAL REG. <u>4-12-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>	

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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 Leo J. Budde

Signed _____
Student Embalmer

Licensed Embalmer No. 3989

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.