

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24661  
6101

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>N. W. 809 W Delmar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 10 - 49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kloyd B</u> b. (Middle) _____ c. (Last) <u>Burger</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>7-2-1903</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Oil Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Green Co / Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Burger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wright</u>	
13c. NAME OF HUSBAND OR WIFE <u>Reba</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Reba Burger</u>		ADDRESS <u>Alton Ill</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic granuloma of the lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Confirmed above</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Alton Ill</u>			
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? <u>231X</u>			
22. I hereby certify that I attended the deceased from <u>July 1</u> , 1949, to <u>7/10</u> , 1949, that I last saw the deceased alive on <u>7/10</u> , 1949, and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James L. Mudd M.D.</u>		23b. ADDRESS <u>634 W Grand St Alton Ill</u>	
23c. DATE SIGNED <u>7/10/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kemper Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kemp Ill</u>	
DATE REC'D BY LOCAL REG. OFFICE <u>JUL 13 1949</u>		REGISTRAR'S SIGNATURE <u>J B Sasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc</u>		ADDRESS <u>4104 Manchester Ave.</u>	

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

6102

**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

*Ronald A. Yahrke*

Licensed Embalmer No. *3957*

P. O. Address. *St. Louis 10 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.