

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32466**

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BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 13127	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves			
d. FULL NAME OF HOSPITAL OR INSTITUTION 444 Baker St.				d. STREET ADDRESS (If rural, give location) 444 Baker St.			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) L.		c. (Last) Burg		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 4, 1862		9. AGE (In years last birthday) 87 # UNDER 1 YEAR Months Days # UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Schuler			13b. MOTHER'S MAIDEN NAME Mary Pale			14. NAME OF HUSBAND OR WIFE Henry Burg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia H. Burg 444 Baker St. W. G. 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) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hemiplegia - 2 years					INTERVAL BETWEEN ONSET AND DEATH 5 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 Sept. 6, 1949 , to Sept. 14, 1949 , that I last saw the deceased alive on Sept. 14, 1949 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Alexander Smith, M.D.				23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 9-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Sept. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 9-19-49		REGISTRAR'S SIGNATURE Herbert R. Palumbo, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Funeral Mortuary 6464 Chippewa St.			

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

WG-60

Dr. W. A. Smith
111 W. Lockwood.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 784 Broadway

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.