

FILED JAN 9 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 40761

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>119</u>  |  | PRIMARY REG. DIST. NO. <u>4193</u>   |  | Registrar's No. <u>37</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Hermann</u>   |  | c. LENGTH OF STAY (In this place)<br><u>25 yrs</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Hermann</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>333 E. First St</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>333 E. First St</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>KATHERINE</u>  |  | a. (First) <u>WILHELMINA</u>   |  | b. (Middle) <u>BURGER</u>  |  | c. (Last)  |  |
| 4. DATE OF DEATH<br><u>Dec 8 1949</u>  |  | 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |  |
| 8. DATE OF BIRTH<br><u>Mar. 27-1863</u>  |  | 9. AGE (In years last birthday)<br><u>86</u>   |  | 10. MONTHS <u>6</u>  |  | 11. IF UNDER 1 YEAR Days <u>18</u> Hours <u>10</u> Min. <u>20</u>        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>---</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Berger, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>UB</u>                                |  |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>August Burger</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Herman Burger, Hermann, Mo</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>701</u> |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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) m.   |  | 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 <u>Nov. 21</u> , 19 <u>49</u> , to <u>Dec. 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 7</u> , 19 <u>49</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><u>[Signature]</u>   |  | (Degree or title) <u>V.D.O.</u>  |  | 23b. ADDRESS<br><u>Hermann</u>   |  | 23c. DATE SIGNED<br><u>12/10/49</u>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>12-11-49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Hermann City Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Hermann, Mo</u>      |  |
| DATE REC'D BY LOCAL REG.<br><u>12/10/49</u>  |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |  | FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u>   |  | ADDRESS<br><u>Hermann, Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number.....

District Health Officer No. 9,

RECEIVED JAN 4 1950

### 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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.