

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15493**

FILED APR 29 1950

S. No. 300
V. 10.48

0950

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

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Ste Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Ste Genevieve</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ste Genevieve Twp.</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ste Genevieve Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>RR #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u>			b. (Middle) <u>EDWARD</u>		c. (Last) <u>BURGERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15 1950</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>OCT 23 1903</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME MFG.</u>		11. BIRTHPLACE (State or foreign country) <u>MO DOC ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>FRANK X. BURGERT</u>			13b. MOTHER'S MAIDEN NAME <u>THERESA ROTH</u>		14. NAME OF HUSBAND OR WIFE <u>ELEANOR WRILER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-10-2953</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eleanor Burgert 66 Sweeney Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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)		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. 3</u> , 19 <u>48</u> , to <u>April 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>50</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Lawrence M.D.</u> (Degree or title)				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>4/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL #1</u>		24b. DATE <u>APRIL 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ILL. MO</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 19, 1950</u>		REGISTRAR'S SIGNATURE <u>L. D. Karl</u>		35a. FUNERAL DIRECTOR'S SIGNATURE <u>M. Karl</u>		ADDRESS <u>Res. Basho Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1950

APR 15 1950

DEPT. OF HEALTH OFFICE No. 450-593

MAY 1 1950

MAY

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 Embalmer No.....

Signed Brian J. Ekler

Signed.....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.