

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17886

State File No. _____
Registrar's No. **4886**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 4886					
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 10 Min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Park 42470							
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 8206 Madison									
3. NAME OF DECEASED (Type or Print) a. (First) Eugene			b. (Middle) Lewis			c. (Last) Burg			4. DATE OF DEATH (Month) (Day) (Year) 5) 24) 51)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4)25)1887		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising				10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (State or foreign country) St. Louis Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Emma Lewis				14. NAME OF HUSBAND OR WIFE Dorothy Burg					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Burg 8206 Madison Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201									
22. I hereby certify that I attended the deceased from Feb 28 , 19 49 , to May 24 , 19 51 , that I last saw the deceased alive on May 23 , 19 51 , and that death occurred at 1:20 p. m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Joseph E. Conroy MD				23b. ADDRESS 906 Olive St				23c. DATE SIGNED 5-25-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5)28)51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.							
DATE REC'D BY LOCAL REG. MAY 25 1951		REGISTRAR'S SIGNATURE J. W. Reuter				25. FUNERAL DIRECTOR'S SIGNATURE 10/23 St. Chas. Rd ADDRESS _____							

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

Da 5175

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Charles

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.