

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32236

State File No.

FILED OCT 4 1951

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 64

0950

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

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>DANBY MO. STAR ROUTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>VELMA</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>BURGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 24 1905</u>		9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>	
11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>HENRY CHOUQUETTE</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CALVEY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN A. BURGER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-76-8742</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John A. Burger Danby Mo Star Route</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		?	
		DUE TO (c) <u>Chronic Valvular Heart Disease</u>		?	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>4201</u>	
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 June 1949, to Sept 23, 1951, that I last saw the deceased alive on Sept 22, 1951, and that death occurred at 2450 m. from the causes and on the date stated above.

23a. SIGNATURE <u>Stela Spasale</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St Genevieve Mo</u>		23c. DATE SIGNED <u>Sept 24-51</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PHILomena Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>BLOOMSDALE Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sec C. Ascher St Genevieve Mo</u>			

DATE REC'D BY LOCAL REG. <u>Sept 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Queen M. Davis Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sec C. Ascher St Genevieve Mo</u>	
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File No.
DISTRICT HEALTH OFFICE No. 4

SEP 27 1951

RECEIVED

SEP 5 1951

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 *Abraham J. Ecker*.....

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.