

42807

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11213
Registrar's No. 11213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2199</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>19 4438 McPherson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BIRDIE BURG</u> b. (Middle) <u>M.</u> c. (Last) <u>BURGETTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 3, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Boelker</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Betty Nordman</u>		ADDRESS <u>4438 McPherson</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular stasis due to</u> DUE TO (c) <u>transient cardiac arrest</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>12-13-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cystocele, Rectocele, Uterine prolapse</u>	
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? <u>631X</u>		22. I hereby certify that I attended the deceased from <u>Nov. 10, 1951</u> , to <u>Dec. 17, 1951</u> , that I last saw the deceased alive on <u>Dec. 17, 1951</u> , and that death occurred at <u>1:35A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Fred E. Rawls, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.</u>	
23c. DATE SIGNED <u>12-17-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 18 1951</u> <u>J. Carl Smith, M.D.</u>		ADDRESS <u>4700 Washington Blvd.</u>	

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John D. Hennessey*
Licensed Embalmer No. *4199*

P. O. Address.....

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.