

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9763

FILED APR 12 1952

State File No. ....

318

1003

Registrar's No. .... 2786

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to City Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>1457 Stewart Place</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u>		b. (Middle)		c. (Last) <u>BURG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1952</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>Unk.</u>	
9. AGE (In years last birthday) <u>ab 55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manf.</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rubin Burg</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.1 unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sylvia Burg 1457 Stewart P<sup>t</sup></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>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drumhead ataxia. Sclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Oct 16, 1948</u> , to <u>Mar. 24, 1952</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>52</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Harry Sandwell M.D.</u>				23b. ADDRESS <u>6349 Grand</u>		23c. DATE SIGNED <u>3. 24. 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 25 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 Pherson</u>			

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

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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.....

*Paul D. Ludwig*  
.....  
Licensed Embalmer No. *4589*

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.