

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26544**
Registrar's No. **1987**

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1987	
1. PLACE OF DEATH a. COUNTY St. Louis Co 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Clayton		c. LENGTH OF STAY (In this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		4007	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dead on arrival St. Louis Co Hosp. 434 Hampshire Court				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) JOHN b. (Middle) BURGARIN				4. DATE OF DEATH (Month) (Day) (Year) July 9th. 1952			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Feb. 25th. 1893	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (State or foreign country) Austria - Hungary. 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Petar Burgarin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha Horn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 489-34-4937		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor Harrison 434 Hampshire Ct. Webster Groves Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (c)				DUE TO (c)		3 yrs.	
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 331X		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?			
22. I hereby certify that I attended the deceased from 1-17- 19 44 , to 7-9- 19 52 , that I last saw the deceased alive on 7-28- 19 52 , and that death occurred at 11 9 m., from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) Carl J. Reis M.D.				23b. ADDRESS Humboldt Bldg.		23c. DATE SIGNED 7-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12th 1952		24c. NAME OF CEMETERY OR CREMATORY Sunnett Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 7-11-52		REGISTRAR'S SIGNATURE Herbert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry L. Weidmueller 6203 Gravois			

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

5W

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.