

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. **42236**  
Registrar's No. **10791**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>City of St. Louis.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>20 4140 Glasgow .</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Louis W. Burbach.</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>11-25-54</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widower</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 19, 1870</b>		<b>9. AGE</b> (in years last birthday) <b>85</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Glazer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>George G. Burbach .</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Christine Runkel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>498-07-3515</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mr. Harold C. Burbach, 4551 Mary Ave.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Generalized Arteriosclerosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4500</b>

**22. I hereby certify that I attended the deceased from 1-14-19 54 to 11-25-19 54 that I last saw the deceased alive on 11-25-19 54 and that death occurred at 6:50 A.M., from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> <i>Valerie Pusanic Bledish M.D.</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>5800 Arsenal St.</b>	<b>23c. DATE SIGNED</b> <b>11-25-1954</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 29, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Friedens Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>NOV 26 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave.</b>
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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.....  
Signature of Student Embalmer

Signed *Walter D. Barnley*.....  
Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.