

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39354

FILED DEC 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6079 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>ST. GENEVIEVE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. GENEVIEVE</b>	
b. CITY OR TOWN <b>RURAL - ST. GENEVIEVE</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 20
c. LENGTH OF STAY (in this place) <b>LIFE</b>		e. STREET ADDRESS (If rural, give location) <b>RURAL ST. GENEVIEVE MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RURAL ST. GENEVIEVE MO</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>BURGERT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 4 1955</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN 17 1898</b>		9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. GENEVIEVE CO MO</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>FRANK J. BURGERT</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH GRISSABER</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA UDING</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert J. Burgert Jr. St. Genevieve Mo</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pulmonary Edema</b>		DUE TO (b) <b>Acute Myocardial Infarction</b>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>HYPERTENSIVE Cardiovascular Dis.</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>H2O1</b>									

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **2-25**, 19**55**, to **12-4**, 19**55**, that I last saw the deceased alive on **12-4**, 19**55**, and that death occurred at **7:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. H. De Genova MD</b>		(Degree or title)		23b. ADDRESS <b>St. Genevieve, Mo</b>		23c. DATE SIGNED <b>12-5-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 7 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALLE SPRING</b>		24d. LOCATION (City, town, or county) (State) <b>ST. GENEVIEVE MO</b>	
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DATE REC'D BY LOCAL REG <b>Dec. 6, 1955</b>		REGISTRAR'S SIGNATURE <b>Paula Barber 481-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Spec. Barber Co. St. Genevieve Mo</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3.300  
3.48

APR 2 1958  
DEC 16 1958  
85581 2 1958

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.....  
*Adrian J. Eller*

Licensed Embalmer No. 47

P. O. Address *St. Gene*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.