Health, & Welfare
Public
h Service

S. 300
v. 1-56

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10003
STATE FILE NUMBER 2744

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony Hosp. — Length of stay in 1b 22 90 19 0

d. STREET ADDRESS (If outside, give location) 5920a Arendes Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle C. Last BURGER

4. DATE OF DEATH Month Mar. Day 19 Year 1957

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1

8. DATE OF BIRTH Mar. 28, 1896

9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Kunkel

14. MOTHER'S MAIDEN NAME Caroline Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Address (Husband) Victor A. Burger 5920a Arendes Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH 5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarction — 3 days
DUE TO (c) Diabetes — 10 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-15-57, to 3-19-57 and last saw her/him alive on 3-19-57
Death occurred at 6:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 0

22b. ADDRESS 56006 Compton

22c. DATE SIGNED 3-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE Mar. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG. MAR 20 '57

26. REGISTRAR'S SIGNATURE [signature] MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 453

P. O. Address .....

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