

Health,
& Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

Registration District No. 318 Primary Registration District No. 1003

45674
STATE FILE NUMBER
Registrar's No. 12634

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7319 MINNESOTA</u>		4. STREET ADDRESS (If outside, give location) <u>7319 MINNESOTA</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>BURGER</u> Last		4. DATE OF DEATH Month <u>DEC</u> Day <u>28</u> Year <u>1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 20 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>AUSTRIA-HUNGARY</u>
13a. FATHER'S NAME <u>ADAM KAUTEN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HANS BURGER (DEC'D)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>JOSEPH SCHNEIDER 7319</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ac. Myocardial Failure</u> <u>arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Cachexia - Senility</u> DUE TO (c) <u>Chor. Smphysemat. Pulmonis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 yrs</u> <u>1 month</u> <u>1 year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>420.0</u>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8:05 - 9:00/57</u> to <u>12/28/57</u> and last saw her alive on <u>12/21/57</u> Death occurred at <u>8:05 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Walter H. Noyer M.D.</u> (Degree or title)		22b. ADDRESS <u>3108 S. Grand</u>	
22c. DATE SIGNED <u>DEC 30 '57</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>DEC. 31-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kautie 2906 Gravia</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 31 '57</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

12-30 to 5-30 months

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 *Leaf Budd*
Licensed Embalmer No. *3989*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.