

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022336

STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 162 Primary Registration District No. 539 Registrar's No. 66

300  
1-57  
4

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-MERAMEC</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's</b>		Length of stay in lb <b>2 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>Missouri Athletic Club</b>
3. NAME OF DECEASED (Type or print) <b>CHARLES SEXTON BURG</b>		First Middle Last	4. DATE OF DEATH Month Day Year <b>JUNE 10 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 31, 1880</b>
9. AGE (In years - last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED ATTORNEY - MO. KAN. TEXAS</b>		11. KIND OF BUSINESS OR INDUSTRY <b>R. R. ST. LOUIS, MO.</b>	12. BIRTHPLACE (City and state or country) <b>U. S. A.</b>
13a. FATHER'S NAME <b>HENRY ARTHUR BURG</b>		13b. MOTHER'S MAIDEN NAME <b>MARY FARRELL</b>	14. NAME OF HUSBAND OR WIFE <b>Lois BECKER</b>
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 Address <b>Bro. Koch - St. Joseph's Hill Inf. Eureka -</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>CEREBRAL ARTERIOSCLEROTIC VASCULAR DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CARCINOMA OF PROSTATE</b>			
DUE TO (c) <b>DIABETES</b>			<b>260XH</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 <b>6/8/58</b> to <b>6/10/58</b> and last saw him alive on <b>6/10/58</b>		Death occurred at <b>8:57 P.M. 6/10/58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Jr. Marder M.D.</b>		22b. ADDRESS <b>St. Joseph's Hill Inf. Eureka</b>	22c. DATE SIGNED <b>6/10/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>6-12-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Arthur J. Donnelly, 3840 Lindell</b>		25. DATE RECD. BY LOCAL REG. <b>6-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Quen</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 17 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 *Wm S. Leland* .....

Licensed Embalmer No. *4699* .....

P. O. Address *3810 Leland* .....

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.