DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59–033628
STATE FILE NUMBER

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 8724

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Christian Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 859 Gustave Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louis Middle: E Last: Burg
4. DATE OF DEATH: Month: September Day: 20 Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-9-1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Refinisher (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Lammert Furn. Co.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: - - - Burg
13b. MOTHER'S MAIDEN NAME: Mary Frederick
14. NAME OF HUSBAND OR WIFE: Emma Burg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 488-07-1926
17. INFORMANT: Address: Mrs. Emma Burg, 859 Gustave A venue

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): Uremia & Emaciation — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO (b): urethral & Rectal obstruction — 13 mo
DUE TO (c): carcinomatosis of pelvis from prostate — 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): anemia secondary to above
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 177x
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8-25-59 to 9-20-59 and last saw ☒ him alive on 9-19-59
Death occurred at 5:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joshua E. Jensen (Degree or title): M.D.
22b. ADDRESS: 607 N. Grand
22c. DATE SIGNED: 9-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 23 1959
23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: SEP 22 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo

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