

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046613

FILED VS. DEC 29 1960 160

Registration District No. 160 Primary Registration District No. 554v Registrar's No. 170

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>FESTUS MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS MO</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FESTUS MO</u>		Length of stay in 1b		c. CITY OR TOWN <u>ST. LOUIS MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MOUNTAIN View Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4231 ELLENWOOD</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>F</u> Last <u>BURGERT</u>				4. DATE OF DEATH Month <u>December</u> Day <u>20</u> Year <u>1960</u>									
5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-4-90</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and state or country) <u>ILINOIS</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>				
13a. FATHER'S NAME <u>JOHN STEPPIG</u>				13b. MOTHER'S MAIDEN NAME <u>ANNA WMLADT</u>				14. NAME OF HUSBAND OR WIFE <u>LOUIS BURGERT</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Miss LORAIN BURGERT 4231 ELLENWOOD</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>Broncho-pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <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>7-21-53</u> to <u>12-20-60</u> and last saw her <u>alive</u> on <u>12-20-1960</u> Death occurred at <u>6:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Ray D. Donnell, M.D.</u> (Degree or title)				22b. ADDRESS <u>Capital City, Mo.</u>				22c. DATE SIGNED <u>12-21-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burn</u>		23b. DATE <u>12-23-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>			23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY</u>						
24. FUNERAL DIRECTOR <u>SOUTHERY</u> ADDRESS <u>6522 S. GRAND BLDG</u>				25. DATE RECD. BY LOCAL REG. <u>12/22/60</u>		26. REGISTRAR'S SIGNATURE <u>John N. Stoll</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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
 or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

David Van Horn

Licensed Embalmer No. *474*

P. O. Address *Floris*

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