SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022372
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5966

FILED JUL 7 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis (10)
Length of stay in 1b: 5 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns 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: Saint Louis (16)
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4024 Walsh Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ROLAND Middle: Last: BURGER
4. DATE OF DEATH: Month: June Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/20/12
9. AGE (last birthday): 49
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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Bussmann Mfg Co.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Burger
13b. MOTHER'S MAIDEN NAME: Elizabeth Polt
14. NAME OF HUSBAND OR WIFE: Hazel Burger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
17. INFORMANT: Virginia Bowman
Address: 4451 Castleman Ave. (10)

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 + Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 153.8
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. ☐ 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.)
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 5/1958 to 6/25/61 and last saw her him alive on 6/25/61
Death occurred at 11:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James G. Griggs M.D. (Degree or title)
22b. ADDRESS: 7820 Carondelet Clayton Mo.
22c. DATE SIGNED: 6/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 28, 1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Saint Louis (15) Mo.
24. FUNERAL DIRECTOR: Fendler Und. Co.
ADDRESS: 7420 Michigan Ave. (11)
25. DATE RECD. BY LOCAL REG.: JUN 27 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

Dr Dean Sauer
7820 Coronadelet Ave Side of Clayton Court Houses
Vo 3-6006
4-6

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_____ Signed W. G. Peterson
Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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