

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007844

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2505

STATE FILE NUMBER

FILED MAR 15 1962

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |  | Length of stay in 1b<br><u>8 days</u>   | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis - Little Rock Hospitals, Inc.</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location)<br><u>4116 Pennsylvania Ave.</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mathew</u> Middle <u>- -</u> Last <u>Burgart</u> | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>1</u> Year <u>1962</u> |
|--|--|

|                       |                                  |   |                                      |                                     |   |  |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-19-1887</u> | 9. AGE (last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>12</u> | IF UNDER 24 HR<br>Hours <u>12</u> Min. |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Switchman</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
|---|--|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><u>Ben Burgart</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Lena M. Langnecker</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Esther Burgart</u> |
|--|--|--|

|   |  |
|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br><u>No</u> (If yes, give war or dates of service) | 17. INFORMANT<br><u>Esther Burgart 4116 Pennsylvania</u> |
|---|--|

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Nephrosclerosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Several years</u> |
| DUE TO (b)  |  |  |
| DUE TO (c) <u>446x H</u>  |  |  |

|   |  |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Carcinoma of the prostate with metastasis to bone</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |  |  |
|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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<br>Hour <u>        </u> Month, Day, Year <u>        </u><br>a.m. <u>        </u> p.m. <u>        </u> |
|---|

|   |  |  |
|---|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
|---|--|--|

|  |
|--|
| 21. I attended the deceased from <u>February 22, 1962</u> to <u>March 1, 1962</u> and last saw him alive on <u>March 1, 1962</u><br>Death occurred at <u>6: P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
|--|

|  |   |                                   |
|--|---|-----------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Donald E. Hosts, M.D.</u> | 22b. ADDRESS<br><u>Mo Pacific Hosp.</u> | 22c. DATE SIGNED<br><u>3-2-62</u> |
|--|---|-----------------------------------|

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Mar. 5, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus Cem.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u> |
|--|----------------------------------|--|---|

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR<br><u>Schumacher Mortuary - St. Louis, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 5 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u> |
|---|---|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Jack Haupt  
Licensed Embalmer No. 45746

P. O. Address St Louis

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.

*Vertical handwritten text on the right margin, possibly a name or date.*