

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 14 1948

Registration District No. 234

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42393
State File No.

Primary Registration District No. 3046

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town California
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: North East St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether)

In this community Lifetime
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68
 (c) City or town California, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. North East St. 1
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME CHARLES ALEXANDER BURGER
 3. (b) If veteran, name war None
 3. (c) Social Security No. 489-20-1527

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mimi A.
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Aug 3 1875
 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 2
 If less than one day hr. min.

9. Birthplace Moniteau County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Alexander Burger
 13. Birthplace Switzerland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Wynn
 15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant Minnie A. Burger
 (b) Address California, Mo.

17. (a) burial (b) Date thereof 12-7-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director A. E. Wilson
 (b) Address California, Mo.

19. (a) 12-7-47 (b) MR. Poppey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
 year 1947 hour 5 minute 15 P. M.
 21. I hereby certify that I attended the deceased from May 1
1946 to Dec 5 1947
 that I last saw him alive on Dec 4 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Crown Arteriosclerosis

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations A4H
 Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work (Specify type of place) (e) Means of injury
 23. Signature T. O. Bamann (M. D. or other) D.O.
California Address Date signed 12/6/47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/12/48

SEP 15 1955

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed A. E. Wilson
Licensed Embalmer No. 2351
P. O. Address California, Mo.

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 this body is not embalmed, fact should be so stated above.