

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12163

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Valley Park Bonhomme
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vandover Rd & Jefferson Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Luther Raymond Burgi

3. (b) If veteran,
name war none

3. (c) Social Security
No. 497-07-9503

4. Sex Male 5. Color or
race White

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife. _____
6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. Feb. 7 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 1 23 hr. min.

9. Birthplace. Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Bread Wrapper

11. Industry or business Kroger Bakery

12. Name Wm. Franklin Burgi

13. Birthplace. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Gregory

15. Birthplace. Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant William O Burgi

(b) Address 516 E. Capital Ave Jeff. Cit.

17. (a) Removal (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Louis H. Borg

(b) Address 131 W. Argonne Dr Kirkwood, Mo.

19. (a) MAP 3-1-1941 (b) L. H. Borg
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4133 Castleman Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 1 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death. While operating
his automobile on a public
highway it overturned

Due to Internal hemorrhage by
punctured heart and liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 30, 1941
(c) Where did injury occur? Valley Park, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Louis H. Borg (M.D. or other)
Address Kirkwood, Mo. 3/31/41 Date signed

OCT 8 1941

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.....

John M. Meyer

Licensed Embalmer No. *3285*

P. O. Address. *Hickman, 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.