

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22829

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **St. Ann's Home**)

File No. ....

Registered No. **6241**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **6507 Chamberlain** Ward. **St. Louis 90. Mo**

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **4. COLOR OR RACE** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**male** **white** **single**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **June 4<sup>th</sup> 1929**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**4**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **none**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **St. Louis**

**10. NAME OF FATHER** **Julius Burkemper**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Mo**

**12. MAIDEN NAME OF MOTHER** **Barbara Eans**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Mo**

**14. INFORMANT** **Julius Burkemper**  
(Address) **6507 Chamberlain**

**15. FILED** **JUN 10 1929** **Wm C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **6/8 1929**

**17. I HEREBY CERTIFY, That I attended deceased from June 3<sup>rd</sup> 1929 to June 5<sup>th</sup> 1929 that I last saw h.l.y. alive on June 8<sup>th</sup> 1929, and that death occurred, on the date stated above, at 6:40 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**1597 Premature Birth 158 1597 months child**  
**Lack of development cardiac medication**  
**5**

**18. WHERE WAS DISEASE CONTRACTED** **161 W**  
IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH? NO** DATE OF

**WAS THERE AN AUTOPSY? NO**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) **Harry Jacobson**, M. D.  
**49**, 1929 (Address) **785 Olive St**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **6 above** **DATE OF BURIAL** **6-10 1929**

**20. UNDERTAKER** **Arthur J. Donnelly** **ADDRESS** **20397 Kahl**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr Jacobson

705 Pacific St

Ca 9279

5585 Weberman

Ca 6346

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