

REC'D JUN 10 1938

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

16620
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 30 yrs. 9 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer F. Burckhardt

(a) Residence, No. 2621 N. Spring St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-38 19

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

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19....., to 5-14-38, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1906

I last saw h. im alive on 5-14-38 19..... Death is said to have occurred on the date stated above, at 3:02 P.M.

7. AGE YEARS 30 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Lobar-pneumonia Rt. upper base. 5-13-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Other contributory causes of importance: Hypertension moderate

FATHER 13. NAME Fred Burckhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Missouri

Acute Glomerulo Nephritis, cause unk- 5-13-38

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Illinois

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

17. INFORMANT R.J. Mueller, M.D.
(ADDRESS) 5400 Arsenal St

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE 5-17-38 19.....

Manner of injury
Nature of injury

19. FUNERAL DIRECTOR (NAME) A. Kron Und. Co.
(ADDRESS) 2707 N. Grand Blvd.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify R.J. Mueller, M. D.
(Signed)
(Address) 5400 Arsenal St

20. FILED MAY 18 1938 J.D. Brudick Local Registrar

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.

1951
10/10/51

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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.