

FILED APR 1 1940

Registration District No. 472

Primary Registration District No. 472 3652A

Registrar's No. 452

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Winfield, Mo.
(c) Name of hospital or institution: Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community about 6 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Adolph Leo Burkhardt 626
8. (b) If veteran, name war no
8. (c) Social Security No. 497-05-4685

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Gray Pinnell
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased September 1, 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 14
If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business
MOTHER { 12. Name Adolph Burkhardt
13. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)
FATHER { 14. Maiden name Mary Stahl
15. Birthplace Basil Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Burkhardt
(b) Address Winfield, Missouri

17. (a) Burial (b) Date thereof 3-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Paul - St. Louis

18. (a) Signature of funeral director Othmar Ricks
(b) Address Winfield, Mo.

19. (a) 3-16-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lincoln
(c) City or town Winfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 1 minute 37 a. m.

21. I hereby certify that I attended the deceased from Feb 20, 1940, to March 15, 1940, that I last saw him alive on March 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Common cold followed by Scharf Membrane of Lungs to be
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 118

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to 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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. J. Allereto (M. D. or other) 1
Address Winfield, Mo. Date signed 3/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 5-17-39 11 x 2 1/2

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.....

O'Gurlain Ricks

Licensed Embalmer No.....

4012

P. O. Address.....

Winfield, 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, above space should be left blank.