

0.2  
13-40  
17-39  
X23159  
6

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

LED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42239  
338

State File No. ....

Registration District No. 213

Primary Registration District No. 5293

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Cole

(b) City or town "Rural" Jefferson Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
North Ten Mile Drive  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 42 years  
years, months or days

3. (a) PRINT FULL NAME Henry Burbach

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lizzie Burbach

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept. 19 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	3	hr. _____ min.

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

10. Usual occupation Contractor

11. Industry or business Contracting

12. Name Louis Burbach

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

14. Maiden name Elinor Mueller

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

16. (a) Informant Lizzie Burbach

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Thos J. Gordon  
Jefferson City Mo.

(b) Address \_\_\_\_\_

19. (a) 12-23-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")

(d) Street No. North Ten Mile Drive  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 42 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1940 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from November 25, 1940 to Dec. 22, 1940  
that I last saw him alive on Dec. 22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Myocardial Weakness  
and  
Delayed A-V conduction  
Left Ventricular Enlargement

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: E. K. L. Fisher

Of operations \_\_\_\_\_

Of autopsy [Signature]

Duration

PHYSICIAN

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Jefferson City Date signed 12-23-40

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

**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

*Shay J. Gordon*

Licensed Embalmer No. *1986*

P.O. Address *Jefferson City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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