

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5244**

MAR 25 1941 791

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **1492**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Infirmary 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 yr. 11 mo. 11 day**
(Specify whether years, months or days)

In this community **Unknown**

3. (a) PRINT FULL NAME **Frances Burkemper**

3. (b) If veteran, name war _____

3. (c) Social Security No. **Unknown**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**

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

7. Birth date of deceased **January 1 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Dutzow Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **J. E. Sullivan**

(b) Address **5800 Arsenal St.**

17. (a) Burial **(b) Date thereof** **2-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monroe, Mo.**

18. (a) Signature of funeral director **F. J. Miller and Co.**

(b) Address **7420 Michigan Ave.**

19. (a) FEB 15 1941 **(b) J. M. Brucke**
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **17 13.**
(If outside city or town limits, write "RURAL")

(d) Street No. **5800 Arsenal**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13** year **1941** hour **5:40** minute **P.M.**

21. I hereby certify that I attended the deceased from **Mar. 2,** 19**39** to **Feb. 13,** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral accident, Hypertensive heart disease**

Due to _____

Due to _____

Other conditions **Generalized arteriosclerosis**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations **R 5 11**

Of autopsy **2 1/2 5**

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)

(b) Means of injury **0**

23. Signature **R. E. Shank** **(M. D. or other)**

Address **5600 Arsenal** **Date signed** **2/14/41**

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

Oliver E. Fendley

Licensed Embalmer No. *4178*

P. O. Address *St. Louis, 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.