

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1003

12465
 3870

State File No.

Registration District No. 7

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis Mo
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2wks
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln
 (c) City or town Old Monroe
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Carol Burkemper
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 28
 year 1942 hour 9 minute 00 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Feb. 14 1942
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-14-42
 to 4-28-42
 that I last saw her alive on 4-29-42
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 14 hr. min.

Immediate cause of death
Acute Malnutrition
Pyogenic infection of bladder
Due to urinary retention

9. Birthplace Old Monroe Mo
 (City, town, or county) (State or foreign country)

Due to No kidney stones
Acute Malnutrition
from disease

10. Usual occupation
 11. Industry or business

Other conditions (include pregnancy within 6 months of death)

MOTHER FATHER
 { 12. Name Burkemper
 { 13. Birthplace Old Monroe Mo
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Keller
 { 15. Birthplace Old Monroe Mo
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations 125
 Of autopsy 125

16. (a) Informant Hy Wehde
 (b) Address Old Monroe Mo
 17. (a) Removal (b) Date thereof 4/30/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old Monroe Mo

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 0

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington
 19. APR 30 1942 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 0
 Address 0639 014 Date signed 4-30-42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Albert J. Happe

Licensed Embalmer No. 1861

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, fact should be so stated above.