

FILED JUL 26 1944
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6288

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3737 California Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3737 California Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecilia Burkhardt,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-10-6992

4. Sex Female, 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Bernard, 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 7, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Stamper

11. Industry or business Johansen Bros. Shoe Co. In

MOTHER FATHER
12. Name August A. Gudorp,
13. Birthplace Alsace-Lorraine,
(City, town, or county) (State or foreign country)
14. Maiden name Mary Siemer,
15. Birthplace Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Burkhardt,
(b) Address 3737 California Ave.,

17. (a) Burial, (b) Date thereof 7/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director: Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) JUL 16 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1944 hour 10: minute 30 P. M.

21. I hereby certify that I attended the deceased from JUNE 10TH
1944 to JULY 14TH 1944
that I last saw h. ER alive on JULY 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER WITH METASTASES Duration 8 MONTHS

Due to ADENOCARCINOMA OF THE BREAST WITH METASTASES

Other conditions MYELITIS CERVICAL, VERTEBRA
(Include pregnancy within 3 months of death)
C. ARTHRITIS DE FORMANA

PHYSICIAN
Major findings: NO
Of operations: NO
Of autopsy: NO
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? _____

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

23. Signature Joseph T. Kamuskar, (M. D. or other) _____
Address 2800 Chippewa Date signed 7-15-44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe S Benz

Licensed Embalmer No. 4249

2842 Meramec St

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.