

FILED AUG 20 1946

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1691

1. PLACE OF DEATH:

(a) County St. Louis
Chesterfield

(b) City or town _____
Chesterfield

(c) Name of hospital or institution: _____
None, Olive Street Road
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None
(If not in hospital or institution, write street number or location)

In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Olive Street Road
(If rural, give location)

(e) Citizen of foreign country? Not No. _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lena C. Burkhardt

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1946 hour 1:00 minute P. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased Judy 4 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 19 1946 to Aug 13 1946
that I last saw him alive on Aug 13 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death arteriosclerosis
senility

Due to Ch. Myocarditis

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

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business At home

12. Name Jacob Bierbrauer

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

14. Maiden name Johanna Fahlbusch

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Johanna Ruhfel
(b) Address Chesterfield Mo.

17. (a) Burial (b) Date thereof Aug. 16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefontaine 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? _____

18. (a) Signature of funeral director Schrader Funeral Home
Ballwin Mo.

(b) Address _____

19. (a) 8-16-46 (b) E. G. McSwain
(Date received local registrar) (Registrar's signature)

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

Signature Ray C. McLean (M. D. or other) _____
Address Richwood Mo. Date signed 8/17/46

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

16
00

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballewin, Me

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.