

**FILED AUG 27 1946**

Registration District No. 212

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural, Bonhomme Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None, Mason Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town None, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mason Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara Burkert

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Fred Burkert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 23, 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife (Retired)

11. Industry or business At home

12. Name Christ Breider

13. Birthplace Germany 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Seegel Clevenger

(b) Address Kirkwood, Mo. RR # 19

17. (a) Burial (b) Date thereof 8/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem., Clayton & Ballas Rds.

18. (a) Signature of funeral director Schneider Funeral Home

(b) Address Ballyn, Mo.

19. (a) 8-19-46 (b) Ed. L. Langan  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17  
year 1946 hour 2:30 minute 00 A.M. 00

21. I hereby certify that I attended the deceased from 8/16/46  
to 8/17, 1946  
that I last saw her alive on 8/16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Hypertension 1942

Due to 83 A

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
Yes (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. A. Theobald (M. D. or other) MD

Address Kirkwood, Mo. Date signed 8/18/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address..... *Ballwin, 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.**