

No. 2  
5-43  
5-17-39  
I X36671

**FILED OCT 31 1946**

Registration District No. **310** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **MISSOURI**

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

(c) Name of hospital or institution:  
**3873 UTAH PLACE**  
(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 **OSAGE**

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL") **1617**

(d) Street No. **3873 UTAH PL.**  
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN BURGHARDT**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

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

7. Birth date of deceased **JUNE 21 1870**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **30**  
year **1946** hour **6** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Sept 25**  
19 **46** to **Sept 30** 19 **46**  
that I last saw him alive on **Sept 29** 19 **46**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**76 3 9** hr. min.

Immediate cause of death.....  
**Carcinoma of colon**

Due to **Carcinoma**

Due to **None**

Other conditions (Include pregnancy within 3 months of death) **None**

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

10. Usual occupation **TEXTILE WEAVER**

Major findings:  
Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name **ANDREW BURGHARDT**

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

14. Maiden name **BARBARA WOELKER**

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

16. (a) Informant **MARGARET BURGHARDT**  
(b) Address **3873 UTAH PL.**

17. (a) **BURIAL** (b) Date thereof **OCT. 3 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation **NEW S. PETER & PAUL**  
**Phos. Nites & Son**

18. (a) Signature of funeral director.....  
(b) Address **2906 GRAVOIS**

19. (a) **SEP 30 1946** (b) **J. T. Predeck**  
(Date received local registrar) (Registrar's signature)

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

23. Signature **B. J. McJinnian** M. D. or other.....  
Address **3608 S. Grand** Date signed **9-30-46**

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

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**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.....

*David Venjura*

Licensed Embalmer No.....

*3262*

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.**