

S. No. 2
OM-5-43
v. 5-17-39
I X3687

34984

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8745**

FILED SEP 21 1946
Registration District No. **318**

Primary Registration District No. _____

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:
2 Westmoreland Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **h.b. 11**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **127/1**
(d) Street No. **2 Westmoreland** (If rural, give location) **9/10**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elzey G. Burkham**
(b) If veteran, name war **World War I** (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October**, day **11**, year **1946**, hour **2:30**, minute _____, AM.
21. I hereby certify that I attended the deceased from **May 16**, 19 **44**, to **October 11**, 19 **46**, that I last saw him alive on **October 11**, 19 **46**, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lois C. Burkham**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **July 26, 1889**
(Month) (Day) (Year)

Immediate cause of death: **Hypernephroma, left kidney & cerebral metastases**
Duration **May 16, 1944**

8. AGE: Years **57** Months **2** Days **15** If less than one day hr. _____ min. _____

Due to **57**

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

Other conditions: **Myocarditis & hypertension** 5 years
(Include pregnancy within 3 months of death)

10. Usual occupation **Investment Banker**

Major findings: **hypernephroma left kidney**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Elzey G. Burkham**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriet Smith**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **James C. Burkham**
(b) Address **2 Westmoreland Pl.**
17. (a) **Burial** (b) Date thereof **10/13/46**
(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 **Bellefontaine Cemetery**
18. (a) Signature of funeral director **Wagoner Mortuary**
(b) Address **4161 Lindell Blvd.**

(Specify type of place) _____
While at work? _____ (e) Means of injury **0**

19. (a) **OCT 11 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm. Becke** (M. D. or other) _____
Address **3720 Washington** Date signed **10/11/46**

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..... *B. T. Sampster*

Licensed Embalmer No. *4290*

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.