

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED **SEP 11 1946**

Registration District No. **319**

Primary Registration District No. **1003**

Registrar's No. **8801**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3676 Market St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Edward W. Burkhardt**
3. (b) If veteran, name war **Spanish 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 **Louise P. Burkhardt** **6. (c) Age of husband or wife if alive** **69** years
7. Birth date of deceased. **August 13th 1876**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Ill** (City, town, or county) (State or foreign country)
10. Usual occupation **Supt. Armory Bldg.**

11. Industry or business
12. Name **John Burkhardt**
13. Birthplace **Europe** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louise P. Burkhardt**
(b) Address **3676 Market St.**

17. (a) Burial **(b) Date thereof** **10-15-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **OCT 14 1946** **(b) J. F. Bredsch**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3676 Market St.** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **11th.**
 year **1946.** hour **10:00** minute **PM** M.
21. I hereby certify that I attended the deceased from **10/20/1944** to **10-11-1946**
 that I last saw him alive on **10-11-1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Ischemia** Duration **5 Min.**
Due to **Arteriosclerosis, General?**
Due to _____
Other conditions **Arthritis, Chronic**
 (Include pregnancy within 3 months of death)
Major findings: **None**
Of operations _____
Of autopsy **None**
PHYSICIAN
 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) **No**
(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? _____

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

23. Signature **Nicholas S. Stale** (M. D. or other) **MD**
Address **3861 St. Louis Ave** **Date signed** **10/14/46**

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis A

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.