S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 22 1947
#70299
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18668
Registrar's No. 4823

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ave
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4800 Austria 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD BURKART
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. (Month) 14 (Day) 1875 (Year)

8. AGE: Years 72 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Rock Creek (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business
FATHER
12. Name Frank Burkart
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Knittel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Helen Burkart
(b) Address 4800 Austria
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.
18. (a) Signature of funeral director J. L. Ziegenheim & Sons
(b) Address 7027 Gravois
19. (a) MAY 13 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1947 hour 12;15 minute P M.
21. I hereby certify that I attended the deceased from 5/5/47, 19, to May 12th, 1947 that I last saw him alive on May 12th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Ht Disease & Aortic Stenosis	5 yrs.
Due to: Rheumatic Valvular Disease	50 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 92	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature George Smith 1515 Lafayette (M.D. or other) 5/12/47
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.