S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29860

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1707

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Prospect Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution none
(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 St. Louis 96

(c) City or town Prospect Hill, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 595 Leeton Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lena Burkamp

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased nov. 16, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	26	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Phillip Wagner
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Franes Ruch
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Frank Burkamp
(b) Address St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 Fair Ave.

19. (a) 8-15-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 6, 1946 to Aug 12, 1947
that I last saw her alive on 8/11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
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 — 0

(f) Signature [illegible] (M. D. or other)

Address 8548 Church Rd Date signed 5/[illegible]/47

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. William J. Buchholz

Licensed Embalmer No. 2110

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.