No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2339

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1101

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/14/47 to 1/30/48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5714 Goethe Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN BURKEL

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 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 5 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	0	25	hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Adam Burkel
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 14, 1947 to Jan 30, 1948
that I last saw him alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accidents multiple old + recent

Due to hypertension

Due to senility

Other conditions bilateral inguinal hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

Duration

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 M. P. Shomer (M. D. or other)
Address 5600 Arsenal Date signed 1-31-48

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.