No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28460

State File No.

FILED SEP 7 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 2001

6

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Fenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(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 Ellisville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allen L. Burkhardt
3. (b) If veteran, name war ———
3. (c) Social Security No. ———
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married divorced Single 0
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased June 12, 1932 (Month) (Day) (Year)
8. AGE: Years 16 Months 2 Days 17 If less than one day hr. min.
9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business Clayton High School
FATHER
12. Name Charles Burkhardt
13. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Esther Kesselring
15. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Dale Burkhardt
(b) Address Ellisville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Missouri
19. (a) 8-31-48 (Date received local registrar) (b) Cecil A. Phelps MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of face and skull, with advanced third degree burns; occupant of plane which xxx crashed after colliding with another plane.

Duration

Due to 173-8

Other conditions (Include pregnancy within 3 months of death) 3 4

Major findings:
Of operations
Of autopsy As above

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) Accident
(b) Date of occurrence August 29, 1948
(c) Where did injury occur? Fenton, Mo. 96 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Field (Specify type of place) 3rd degree burns & blunt impact
While at work? (e) Means of injury
Signature Gerald J. Willman (M. D. or other) Coroner 3
Address Clayton Mo. Date signed 8/30/48

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 Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.