

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22056

BIRTH NO.		REG. DIST., NO. 517		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1284		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>4322 Carson Road</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> <u>4322 Carson Rd</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		96		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4322 Carson Road</u>				d. STREET ADDRESS (If rural, give location) <u>4322 Carson Rd</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u>			b. (Middle)		c. (Last) <u>Burkhardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>July 20, 1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk - Hardware</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marine Illinois</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>John Burkhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Fiest</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Burkhardt</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-07-6093</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emil Burkhardt son</u>		ADDRESS <u>6212 Derby</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>  ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93 d</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>10 yr</u> <u>15 yr</u>		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>40</u> , to <u>5-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-21</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Test A. Kumberguss MD U</u>				23b. ADDRESS <u>340 Bermuda Ave</u>		23c. DATE SIGNED <u>5-20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 26 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO</u>			
DATE REC'D BY LOCAL REG. <u>5-24-49</u>		REGISTRAR'S SIGNATURE <u>Thurid B. Lumberguss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Merle Shepard</u>		ADDRESS <u>1167 Hamilton</u>		

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

96  
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**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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Etton R. Remelius

Licensed Embalmer No. 4283

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.