

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21629

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2189

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3724 Jennings Rd.		d. STREET ADDRESS (If rural, give location) 5 5400 Vernon 1	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Mary c. (Last) Burkhardt			4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8, 1913
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Days 4	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana 1
12. CITIZEN OF WHAT COUNTRY Usa		13a. FATHER'S NAME Robert Huntzinger	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Conrad Burkhardt	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Conrad Burkhardt 5400 Vernon
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction, left heart failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Leftside Hypertrophy</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4223	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1947 to 5-7, 1951, that I last saw the deceased alive on 5-7, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. A. Turner D.O.</i>		23b. ADDRESS 3724 Jennings Rd.	23c. DATE SIGNED 5-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/51	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo
DATE REC'D BY LOCAL REG. 5-15-51	REGISTRAR'S SIGNATURE <i>Robert P. Donke</i>	GENERAL DIRECTOR'S SIGNATURE <i>Chas. F. Stuart</i>	ADDRESS 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clement M. McManis*

Licensed Embalmer No. *3732*

P. O. Address *M. Lewis*

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.