

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24340

State File No. 6582

Registrar's No. 6582

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>24340</b>		Registrar's No. <b>6582</b>	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>			c. LENGTH OF STAY (in this place) <b>52 YRS.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE: CITY-HOSPITAL #1</b>					e. STREET ADDRESS (If rural, give location) <b>2209 20 2003 B NO. MARKET - ST.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>- FRANK</b> c. (Last) <b>- BURKEMPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 15<sup>TH</sup> 1954</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB. 28<sup>TH</sup> 1888</b>		9. AGE (In years last birthday) <b>66 YRS.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>LUEKING-TRANSFER-CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>OLD-MONROE - MO.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>ANTON-BURKEMPER</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH-ANTHONY.</b>			14. NAME OF HUSBAND OR WIFE <b>CECELIA - BURKEMPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>			16. SOCIAL SECURITY NO. <b>9-21-1917-25-6-1919-493-09-0002</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>8003 W North Market St Mrs Cecelia Burkemper</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>with myocarditic Cardiac Necrosis</b> <b>Heart Disease</b> <b>acute Cardiac Decompensation</b> <b>coronary atherosclerosis, etc. (b)</b> <b>Cardiac asthma</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 yrs.</b> <b>1 day</b> <b>3 1/2 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>					
22. I hereby certify that I attended the deceased from <b>3/19</b> , 19 <b>51</b> , to <b>7/15</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>7/15/54</b> , 19 <b>54</b> , and that death occurred at <b>11:10</b> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>A. Cappadona M.D.</b>					23b. ADDRESS <b>1901 Madison St.</b>		23c. DATE SIGNED <b>7/16/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 19<sup>TH</sup> 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY-CEMETERY.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 17 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Brockland Und. Co. 1827-HOGAN-ST.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Etton H. Remelin*.....

Licensed Embalmer No. *428*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.