

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39580**

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 542	Registrar's No. 2592	
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN LADUE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSP.		e. STREET ADDRESS (If rural, give location) 10048 SPRINGWOOD DR.			
3. NAME OF DECEASED (Type or Print) a. (First) KATHRYN		b. (Middle) M.	c. (Last) BURKART	4. DATE OF DEATH (Month) (Day) (Year) 11-8-54	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-14-1884	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. 70 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH BREVEL		13b. MOTHER'S MAIDEN NAME MARY MERKEL		14. NAME OF HUSBAND OR WIFE WALTER H. BURKART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER H. BURKART LADUE MO		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH Several minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Right Femur			8 days
		DUE TO (c)			
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, airport, office bldg., etc.) At Home	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Ladue Missouri MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-1-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped and fell while at home		
22. I hereby certify that I attended the deceased from Nov. 1, 1954 , to Nov. 8, 1954 , that I last saw the deceased alive on Nov. 8, 1954 , and that death occurred at 8 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Alonard Malles, M.D.		(Degree or title)	23b. ADDRESS 819 University Club Bldg.		23c. DATE SIGNED Nov. 9, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT	24b. DATE 11-11-54	24c. NAME OF CEMETERY OR CREMATORY CALVARY MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. 11/9/54		REGISTRAR'S SIGNATURE Robert S. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. STOCK 2117 E. GRAND AVE	

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

Student.....
Signature of Student Embalmer

Signed Frank A. Moore.....

Licensed Embalmer No. 300

P. O. Address 2117 3rd.....

**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.**