

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031072

FILED VS AUG 26 1959

Registration District No. **817** Primary Registration District No. **500** Registrar's No. **2192** STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Hazelwood		Length of stay in 1b 45 Yrs.	c. CITY OR TOWN Hazelwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5504 N. Lindberg Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5504 N. Lindberg Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Burcke			4. DATE OF DEATH Month 8 Day 14 Year 59		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Florissant, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Herman Hoormann	13b. MOTHER'S MAIDEN NAME Helen Kohmen	14. NAME OF HUSBAND OR WIFE Joseph J. Burcke
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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. 487-38-2738	17. INFORMANT Address Hilda Burcke Hazelwood, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension - cerebral thrombosis, 5 yrs.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 7 yrs. 10-15 yrs.
DUE TO (b) Chronic Parenchymatous Nephritis		
DUE TO (c) Chronic myocarditis.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED <input checked="" type="checkbox"/> WRITE AT WORK <input type="checkbox"/> NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1940 to 1959 and last saw her alive on 8/13/59 . Death occurred at 10:30 am 8/14/59 on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) CW Hazelwood - M.D.	22b. ADDRESS 1504 So. Grand.	22c. DATE SIGNED 8/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-59	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	23d. LOCATION (City, town, or county) (State) Florissant, Mo.
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24. FUNERAL DIRECTOR ADDRESS White-Iullen 118 N. Florissant Rd.	25. DATE RECD. BY LOCAL REG. 8-14-59	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. J. W. ...
1500 S. ...
St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.