

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041260

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10870**

FILED NOV 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 36 Years		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN ST. LOUIS, MISSOURI.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4042 So. Spring Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print)		First ELMER Middle C. Last BURCKHARDT		4. DATE OF DEATH Month October Day 31 Year 1963					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/22/1900		9. AGE (last birthday) 62		IF UNDER 1 YEAR		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Broker		10b. KIND OF BUSINESS OR INDUSTRY Grain		11. BIRTHPLACE (City and state or country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Michael Burckhardt		13b. MOTHER'S MAIDEN NAME Mary Scheidel		14. NAME OF HUSBAND OR WIFE Lucille Roever					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Lucille Burckhardt		Address 4042 So. Spring Ave.		18. CAUSE OF DEATH (Enter only one cause plus interval between onset and death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) 4200 DUE TO (c) 4200 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 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.)	
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year 5/15/56		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST. LOUIS		COUNTY		STATE		21. I attended the deceased from 5/15/56 to 10/31/63 and last saw him alive on 10/31/63 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 11/1/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 4, 1963		23c. NAME OF CEMETERY OR CREMATORY Kolmer Memorial Park		23d. LOCATION (City, town, or county) Waterloo, Illinois					
24. FUNERAL DIRECTOR Beiderwieden F.H. Inc.		ADDRESS 3620 Chippewa St.		25. DATE RECD. BY LOCAL REG. NOV. 4 1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D.											

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 *Donald J. Reed*

Licensed Embalmer No. 4520

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