

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10916**

STATE FILE NUMBER

**63-041266**

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 15 1963

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                      |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Missouri</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>STATE <b>Missouri</b> COUNTY <b>St. Louis</b>                               |                                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Louis</b>                                                                                                                                                                                                                                                                                        |                                                                                                           | Length of stay in 1b<br><b>7 Hours</b>                                                                                                                               |                                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>                                                                                                                                                                                                                                                            |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                                          |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Christian Burkhardt</b>                                                                                                                                                                                                                                                                                                 |                                                                                                           | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>3</b> Year <b>19 63</b>                                                                                                 |                                          |
| 5. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>W</b>                                                                              | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>6-29-05</b>       |
| 9. AGE (last birthday)<br><b>58</b>                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                            | IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Driver</b>                                                                                                                                                                                                                                                         |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bettendorf-Rapp</b>                                                                                                          |                                          |
| 11. BIRTHPLACE (City and state or country)<br><b>Chesterfield, Missouri</b>                                                                                                                                                                                                                                                                                          |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                            |                                          |
| 13a. FATHER'S NAME<br><b>George Burkhardt</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Caroline Boisselier</b>                                                                                                              |                                          |
| 14. NAME OF HUSBAND OR WIFE<br><b>Norma</b>                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 17. INFORMANT<br><b>Norma Burkhardt</b> Address <b>721 Emerson Crave Coeur 41, Mo.</b>                                                                               |                                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                                                                                |                                                                                                           | 16. SOCIAL SECURITY NO.                                                                                                                                              |                                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Abdominal Adenocarcinomatous of 4 months</b><br>DUE TO (b) <b>Adenocarcinoma of sigmoid colon 1 year</b><br>DUE TO (c) <b>153.3</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                     |                                          |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                          |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m. Month, Day, Year                                                                                                                                                                                                                                                                                                               |                                                                                                           | 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 COUNTY STATE                                                                                                                            |                                          |
| 21. I attended the deceased from <b>July 1963</b> to <b>Nov 3 63</b> and last saw her alive on <b>Nov 3 1963</b><br>Death occurred at <b>5:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                            |                                                                                                           |                                                                                                                                                                      |                                          |
| 22a. SIGNATURE (Degree or title)<br><b>Clara McOpe M.D.</b>                                                                                                                                                                                                                                                                                                          |                                                                                                           | 22b. ADDRESS<br><b>100 N Euclid St. Louis</b>                                                                                                                        |                                          |
| 22c. DATE SIGNED<br><b>11/4/63</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 22d. LOCATION (City, town, or county) (State)<br><b>CREVE COEUR, MO.</b>                                                                                             |                                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                          | 23b. DATE<br><b>11-6-63</b>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hiram</b>                                                                                                                   |                                          |
| 23d. LOCATION (City, town, or county) (State)<br><b>CREVE COEUR, MO.</b>                                                                                                                                                                                                                                                                                             |                                                                                                           | 24. FUNERAL DIRECTOR ADDRESS<br><b>Schrader Funeral Home 500 Manchester Ballwin, Missouri</b>                                                                        |                                          |
| 25. DATE RECD. BY LOCAL REG.<br><b>NOV 4 1963</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith: M.D.</b>                                                                                                                 |                                          |

(Licensed Embalmer's Statement on Reverse Side)

279110-2113

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4-11-04

STATEMENT BY LICENSED EMBALMER

0-18

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 Richard Propp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.