

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3112

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 203
City St. Louis Mo. (No. 2611 - N. 23 - St.)

File No.
Registered No. 603
St. Ward)

2. FULL NAME

Barbara Burkhardt
(a) Residence. No. 2611 - N. 23 - St. St. 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William F. Burkhardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	2	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Hebling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Roth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Wm. F. Burkhardt
(Address) 2611 - N. 23 - St.

15. FILED JAN 19 1935 Wm. E. Staver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1930, that I last saw him alive on Jan 15 1930, and that death occurred, on the date stated above, at 5 17 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chrom

(Signed) W. DeWitt, M. D.

1/18 1930. (Address) 2342 St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

Jan 21 1930

20. UNDERTAKER

ADDRESS 1417

W. Leidner Mud Co. St. Market

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 235

