

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

Do not use this space.

7066

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City ST. LOUIS (No. CHRISTIAN HOSPITAL)

File No.....

Registered No. 1336

St. .... (Ward)

**2. FULL NAME VALENTIN BURKHART**

(a) Residence. No. 1410 NEWHOUSE AVE St. 26 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 MALE 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB 12 TH 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 - 11 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work RETIRED MARBLE SETTER  
(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

10. NAME OF FATHER THOMAS BURKHART

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

12. MAIDEN NAME OF MOTHER MATILDA KROMER

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

14. INFORMANT Genevieve Burkhardt  
(Address) 1410 Newhouse Ave

15. FILED FEB -3 1931 Wm C Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1931 to Feb 10 1931 that I last saw him alive on Feb 10 1931 and that death occurred, on the date stated above, at 2:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Renal Calculi - Cystitis  
Interstitial Nephritis - chronic

131  
1347 (duration) yrs. 1 mos. ds.  
CONTRIBUTORY (SECONDARY) Cerebral Sclerosis  
no history (duration) yrs. mos. ds.

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? clinical  
(Signed) G. Mullies M. D.

2 . 1931 (Address) 2743 N. Grand Blvd  
\*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 Calvary Cemetery DATE OF BURIAL Feb 5th 1931

20. UNDERTAKER Edward Koch ADDRESS 3516 1/2 N

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.

WHITING INK—THIS IS A PERMANENT RECORD

