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

Do not use this space.

File No. 33889
Registered No. 9209

1. PLACE OF DEATH

County ..... Registration District No. 1728
Township ..... Primary Registration District No. 20
City St LOUIS (No. 1424 Mallinckrodt St. Ward)

2. FULL NAME JOHN BURICHTER

(a) Residence. No. 1424 MALLINCKRODT 26 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL 10TH 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman BUCKS Stove Foundry
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Bernard Burichter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Catharin Wilhelm
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Anna Burichter
(Address) 1424 Mallinckrodt St

15. FILED OCT 18 1932 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Mch 6th 1921, to Oct. 17 1932, that I last saw him alive on Oct. 17 1932, and that death occurred, on the date stated above, at 7.55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(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? ---
(Signed) H. J. McBurney M.D.
10/17 1932 (Address) 3621 N. 20th Str.

*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 Cem — DATE OF BURIAL Oct 20th 1932
20. UNDERTAKER Edward Koch — ADDRESS 3516 Y 14th St

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.