MANENT RECORD

EXACTLY. PHYSICIANS should state
ent of OCCUPATION is very important.

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

Do not use this space.

37604

1. PLACE OF DEATH

County ..... Registration District No. 1701 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10281

City St. Louis Mo (No. 1403, S. Vandervinter St. ..... Ward)

2. FULL NAME Leo J. Burkart

(a) Residence, No. 4223 Hunt Av St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

...OWED, OR DIVORCED

...F

...(MONTH, DAY, AND YEAR) 3-13-1892

...RS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
...0	8	7	

...fession, or particular work done, as spinner, bookkeeper, etc. truck Gardener

...or business in which ...as done, as silk mill, ...l, bank, etc. owner 5

...eased last worked at ...cupation (month and ...) 1929

11. Total time (years) spent in this occupation .....

...(CITY OR TOWN) St. Genevive ...UNTRY) Missouri 1

...Ulrich Burkart

...ACE (CITY OR TOWN) Baden ...R COUNTRY) Germany 11

...NAME Regina Deck

...ACE (CITY OR TOWN) Baden ...OR COUNTRY) Germany

Mrs. Louise Hubert
4223 Hunt Av.

...EMATION, OR REMOVAL
...tional Cem DATE 11-22 1932

19. UNDER... (ADDRESS) ...R Kriegshauser Mortuaries
4224 Manchester Av.

20. FILED NOV 21 1932 19 ... Registrar.

37604

195
194B
8VA

to

194B
195
8VA

MEDICAL CERTIFICATE OF DEATH

No 3 Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Found Dead, 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Haemorrhage of Brain — Fractured Skull

Manner & Cause of same unknown

Date of onset

Other contributory causes of importance:

194B
195
8VA

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Unknown

Nature of injury Haemorrhage of Brain - Fract. Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. J. Evans, ~~M.D.~~

(Address) Dep Coroner

11/21/32

N.B.
CAU