

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 27199
Registered No. 7436
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 772 No. 7th St. 25 Ward. St. Louis, Missouri
(Usual place of abode)
Length of residence in city or town where death occurred yrs mos. 3 ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Louise Burchard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 19, 1848</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>10</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>		11. Total time (years) spent in this occupation <u>19 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>No Record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Mrs. H. Burchard 609 Pine St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Ill</u> DATE <u>July 26 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Brichler 2218 State Street St. Louis Ill</u>		
20. FILED <u>1934</u> REGISTRAR <u>J. Brebeck</u>		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 24, 1934
last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 2.00 p.m. July 24, 34
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy Date of onset 1931

Other contributory causes of importance:
nephritis, chr.

Name of operation none Date of _____
What test confirmed diagnosis? By all Was there an autopsy? no

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thomas R. Shannon, M. D.
(Address) 508 Star Bldg
St. Louis Mo

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.

AUG 11 1934

THIS IS A PERMANENT RECORD

