

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.

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

Do not use this space.

JAN 23 1935

44273

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Wentzville Primary Registration District No. 6031
 City Chesterfield (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 251

2. FULL NAME

(a) Residence, No. Chesterfield, Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lena Burkhardt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Master
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office
 10. Date deceased last worked at this occupation (month and year) Apr 1-1934
 11. Total time (years) spent in this occupation. 39 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo

MOTHER FATHER
 13. NAME Christian Burkhardt

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

MOTHER FATHER
 15. MAIDEN NAME Johanna Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo

17. INFORMANT (ADDRESS) Lena Burkhardt, Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue, Mo DATE Dec - 9 - 1934

19. UNDERTAKER (ADDRESS) Schreder Und. Co., Ballwin, Mo.

20. FILED 12/7 1934 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1934 to Dec. 6, 1934
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
1931
1932
 Other contributory causes of importance:
chr. myocarditis 1930
chr. interstitial nephritis 1930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y

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? no
 If so, specify _____

(Signed) Wm. R. Green, M. D.
2227 3 Broadway
St. Louis, Mo.

STATE OF TEXAS

COUNTY OF _____

1964

IN SENATE

January 15, 1964

REPORT

OF THE

COMMISSIONERS OF THE

LAND OFFICE

TO THE

SENATE

AND

HOUSE OF REPRESENTATIVES

FOR THE

YEAR 1963

BY

W. W. WATSON, JR.,

COMMISSIONER

LAND OFFICE

AND

W. W. WATSON, JR.,

COMMISSIONER

LAND OFFICE