

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

Do not use this space.

OCT 21 1936

34786

**1. PLACE OF DEATH**

County..... Jefferson  
Township.....  
City..... Festus (No....., ..... St..... Ward.....)

Registration District No. 421  
Primary Registration District No. 4249

File No.....  
Registered No. 100

**2. FULL NAME** Ferdinand Burckhardt

(a) Residence, No. .... St. .... 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. A. Burckhardt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov., 19., 1845</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>19</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) <u>1916</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>F. Burckhardt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. A. Burckhardt</u> (ADDRESS) <u>Festus Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus Mo</u> DATE <u>9/14/36</u>		
19. UNDERTAKER <u>Duester and Virgard</u> (ADDRESS) <u>Festus Mo</u>		
20. FILED <u>9/12, 1936</u> <u>J. E. Rutledge, M.D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Sept. 10, 1936  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis with Ecstasy of head  
1060  
Date of onset 9/1/36  
Other contributory causes of importance:  
Debility and heart exhaustion

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

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) J. E. Rutledge, M. D.  
(Address) Festus, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR STAMPING

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