

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.

MAY 20 1937' MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 303

Township

Primary Registration District No. 4182

City Herman (No. _____)

File No. 16289

Registered No. _____ St. _____ Ward _____

2. FULL NAME

Emil M. Burkhardt

(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

MEDICAL CERTIFICATE OF DEATH

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 Susan Burkhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28-1857

7. AGE YEARS 79 MONTHS 11 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Herman Mo (STATE OR COUNTRY)

13. NAME Nichole Burkhardt

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

15. MAIDEN NAME Christina Steinmetz

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

17. INFORMANT Otto Burkhardt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman DATE 4/19/37

19. UNDERTAKER H. K. Ruesch (ADDRESS)

20. FILED 4-19-37 Anna Kirchhoff Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1937, to Apr - 17 1937.
I last saw him alive on Apr 16 1937. Death is said to have occurred on the date stated above, at 5:20 p.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset

Other contributory causes of importance:

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Howard H. Korman M. D.
(Address) Herman Mo

