

AUG - 5 1937

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

Do not use this space.

25634

6808

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 3852 Kennerly Ave.)

Registration District No. 791
Primary Registration District No. 1003

File No. 25634
Registered No. 6808
St. Ward)

2. FULL NAME William F. Burkhart,

(a) Residence, No. 3852 Kennerly Ave., 11 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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LATE BARBARA BURKHARDT

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to July 15, 1937. I last saw him alive on July 15, 1937. Death is said to have occurred on the date stated above, at 12.9 m. The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1860
7. AGE YEARS 77 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

Other contributory causes of importance:
Senility

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Germany

13. NAME Henry Burkhart,

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

15. MAIDEN NAME Katherine Roth

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

17. INFORMANT Magdalen Burkhart (ADDRESS) 3852 Kennerly Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 19, 1937

19. UNDERTAKER Henry Reichenbach Co. (ADDRESS) 1417 N. Market Street

20. FILED JUL 15 1937 J. F. Bredeck Registrar.

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) A. H. Reisinger, M. D.
(Address) 2342 Ashmun

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 31 1955