

29
 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.

DEC 9 1939

Registration District No. 784

Primary Registration District No. 101

State File No. _____

Registrar's No. 2097

1. PLACE OF DEATH: **St. Louis**
 (a) County _____
 (b) City or town **Clayton**
 (c) Name of hospital or institution: **St. Louis County Hospital**
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 days**
 (Specify whether _____)
 In this community **5 years**
 (Specify whether _____)

3. (a) PRINT FULL NAME **Melvin Burkhardt 626**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **488-10-1386**

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Marie Burkhardt**
 6. (c) Age of husband or wife if alive **? 27** years
 7. Birth date of deceased **Nov. 7 1902**
 (Month) (Day) (Year)

8. AGE: Years **37** Months **0** Days **21**
 If less than one day _____ hr. _____ min.

9. Birthplace **St. Charles Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Shoe worker**

11. Industry or business _____

MOTHER FATHER
 12. Name **Henry Burkhardt**
 13. Birthplace **St. Louis County Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Katharine Kanefler**
 15. Birthplace **St. Charles Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Marie Burkhardt**

(b) Address **6235 1/2 Ella Ave.**

17. (a) **Burial** (b) Date thereof **Dec 2-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles, Mo.**

18. (a) Signature of funeral director **W. H. ... & Harold**

(b) Address **1905 Union Blvd.**

19. (a) **NOV 29 1939** (b) **DR. M. J. ...**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis**
 (c) City or town **Wellston**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6235 1/2 Ella Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
 year **1939** hour **8** minute **:55** P.M.

21. I hereby certify that I attended the deceased from **11-23-39**
 _____, 19____, to **11-28-39**, 19____;
 that I last saw h **im** alive on **11-28-39**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Possible Coronary occlusion**
 Duration **12 hrs**
 Due to **Rheumatic Heart disease - decompensation** **4 mo.**
 Due to _____

Other conditions **956**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature **H. J. ...** (M. D. or other) _____
 Address **C. ...** Date signed **11-29-39**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.