

Registration District No. 791  
1002 Primary Registration District No. \_\_\_\_\_

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

3. (a) PRINT FULL NAME Clara M. Burchardt  
3. (b)  veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Geo. N. Burchardt 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Dec. 21, 1886.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 0 23 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Emanuel Rosenthal  
13. Birthplace Missouri  
14. Maiden name Madaline Juttineyer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Yes N. Burchardt  
(b) Address 4847a Northland Ave.  
17. (a) burial (b) Date thereof Jan. 16/40.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Galvary Cem.  
18. (a) Signature of funeral director Geo. W. Clark  
(b) Address 1125 Hodiament Ave.  
19. (a) JAN 15 1940 (b) \_\_\_\_\_  
(Date local or final registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4847a Northland Ave.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1980 hour 3 minute 00A.M.M.  
21. I hereby certify that I attended the deceased from Dec 2:  
1978 to Jan. 13, 1980  
that I last saw er alive on Jan 12, 1980  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic myocarditis  
(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 Alexander A. Med (M.D. or other)  
Address 39414 Fenwick Date signed \_\_\_\_\_

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.

1-11931

Dr. Al A. Wild,  
3901 W. Florissant Ave.,  
Co. 4767. I. 30-3.00 P.M.

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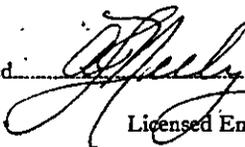
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**STATEMENT BY LICENSED EMBALMER**

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. 3225

P. O. Address 1125 Hodiamont Ave.,

**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.**