

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33616**  
Registrar's No. **8313**

NOV 1 1940  
NOV 10 1940  
Registration District No. **791**

Primary Registration District No. **1003**

PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4317 Maryland Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN BURKHARDT.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **494-09-0198**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Hulda Burkhardt.** 6. (c) Age of husband or wife if alive **Dec'd.** years

7. Birth date of deceased **February 14, 1872.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 7 19** hr. min.

9. Birthplace **Marine Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Motorman**

11. Industry or business **Public Service Co.**

12. Name **John Burkhardt.**

13. Birthplace **Switzerland.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Kuntz.**

15. Birthplace **Baden, Germany.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Arthur M. Burkhardt.**

(b) Address **4051a Hartford Street.**

17. (a) **Burial** (b) Date thereof **10-10-1940.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **OCT 7 1940** (b) **J. Burkhardt**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Wellston** (If outside city or town limits, write "RURAL") **N R**

(d) Street No. **1575 Wellston Place.** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **Life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5th.**  
year **1940** hour **10** minute **05 P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured Atherosclerosis of descending Thoracic Aorta**  
Due to **Chronic Interstitial Nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **96**

Of autopsy

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) (Specify type of injury)

23. Signature **Alfred J. Perry** (M. D. or other) **5**

Address **Simply Crowned** Date signed **10/7/40**

Dr. Martin Glaser.  
Coroner St. Louis,

---

---

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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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.