

Registration District No. 791

Primary Registration District No.

Registrar's No. 10376

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HARRIET W. BURKLEY.

3. (b) If veteran, name war. none. 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. Edward J. Burkley. 6. (c) Age of husband or wife if alive. 56 years

7. Birth date of deceased. May 9, 1885.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55. 7. 7. _____ hr. _____ min.

9. Birthplace. Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home.

11. Industry or business _____

12. Name. Frederick Wittmus.

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

14. Maiden name _____
15. Birthplace. Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant. Edward J. Burkley.

(b) Address. #14 No. Kingshighway.

17. (a) Entombment. _____ (b) Date thereof. 12/19/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Mausoleum.

18. (a) Signature of funeral director. C. R. Lupton & Sons.

(b) Address. #7233 Delser Boulevard.

19. DEC 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. _____
(c) City or town. St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. # 14 No. Kingshighway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 12-16 day _____
year. 1940 hour. 7:35 minute. P. M.

21. I hereby certify that I attended the deceased from 11-20
1940, to 12-16, 1940,
that I last saw her alive on 12-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia left upper lobe.
Due to. Ch. Glomerular Nephritis + uremia.
Due to _____

Other conditions. Compression free. 1st. Lumbar Vert.
(Include pregnancy within 3 months of death)
4 weeks duration, sacrological

Major findings: due to ch.
Of operations. Glomerular Nephritis
Of autopsy. As above.

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?
Home

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

23. Signature. John Hammond (M. D. or other M.D.)
Address. 634 W. Grand Blvd. Date signed. 12/17/40

Duration
3 day.
2 years.
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jno. J. Hammond
Mo. Theatre Bldg.
FR-5080
Hrs.-2 to 4:30 P.M.

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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

St Louis Mo

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.