S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8348
Registrar's No. 3159

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

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:
6123 Sherry Ave.
(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)

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. 6123 Sherry Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Anna Burckhardt

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hanry Burckhardt
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. (Month) 16 (Day) 1871 (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Herman Kaveler
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Vernon Burckhardt
(b) Address 6123 Sherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Luthern Cem. St. Charles Mo.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) APR 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 6
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 11th 1938 to April 6th 1942
that I last saw her alive on April 4th 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 hrs.
Due to Primary Cerebral Hemorrhage May 11th, 1938.	
Due to Hypertension	4 yrs.
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edwin J. Brehil (M. D. or other) MD
Address 3635 No. Newstead Ave. Date signed 4/6/42

(Licensed Embalmer's Statement on Reverse Side)

3635 N Newstead
1-3

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 Warren A. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.