

No. 2.
-1-4-41
5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19424

5775

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. 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: 2610 Blair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 year
(Specify whether
In this community 40 year
years, months or days)

3. (a) PRINT FULL NAME James Claude Burkett

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 24 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Soth Bend Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Sales man

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (State or foreign country)

{ 14. Maiden name Mary Ella Stoggs
15. Birthplace Soth Bend Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Claudella Reed
(b) Address 4150 Labadie

17. (a) Burial (b) Date thereof 7/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director E. Carl White

(b) Address 4259 Lindell

19. (a) _____ (b) J.F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town 2610 Blair
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from May 19
1942 to July 4 1942
that I last saw him alive on July 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration not known

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 D

23. Signature George D. Mueller (M. D. or other) _____
Address 2504 N. 14 Date signed July 7/42

(Licensed Embalmer's Statement on Reverse Side)

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

00
17
9

32

Y42

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 Arnold W. Schoene
Licensed Embalmer No. 3864
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, fact should be so stated above.