S. No. 2
1—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19428

State File No.

FILED JUL 2 0 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5993

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

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:
Lutheran Hospital 0
(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. 6309 Pernod Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Asher (Charlie) Burt

3. (b) If veteran, name war

3. (c) Social Security No. 488-07-6209

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugenie J. Burt

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. (Month) 14th (Day) 1882 ~~1880~~ (Year)

8. AGE: Years 59 ~~81~~ Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Telephone Co.

11. Industry or business

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

MOTHER
14. Maiden name Ellen M. Ball
15. Birthplace Normal (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Eugenie J. Burt
(b) Address 6309 Pernod Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1942 hour 4:10 minute A.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy and debitation. Coronary thrombosis

Due to Pulmonary infarcts cardio-vascular

Due to renal disease, hypertensive type

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac failure from cardio vascular renal disease

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Arnold S. Klein (M. D. or other)

Address 2632 South Kingshighway Date signed 7/15/42

Corrected by affidavit Oct 16 1942 by Weidner

Springsbury Hwy 8 Mezquala

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 Reinhold K. Lohrmann

Licensed Embalmer No. 3395

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County of~~ City of St. Louis,

State File No.

Local Registrar's No. 5993

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of July, 1942, before me appears Jerome S. Kriegshauser, who, upon his oath, states that the original record of ~~birth~~ death for Asher (Charlie) Burt, ~~born~~ died July-15-, 1942, in the State of Missouri, and which was filed at St. Louis on July-15, 1942, should be corrected as follows:

Item No. Item #7 should read August-14-1882

Instead of August-14-1880

Item No. Item #8 should read 59 years-11 months- 1 day

Instead of 61 years-11 months- 1 day

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Correcting Undertakers Error.

Affiant Jerome S. Kriegshauser
xx Relationship xx

4228 S. Kingshighway
Present Address.

Subscribed and sworn to before me this 22nd day of July, 1942

My Commission Expires Feb. 28, 1944

My Commission expires

Madeline Huber Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-1-15-42
I X31340

S-19428