S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25724

Registration District No. 791 4 Primary Registration District No. 1003 Registrar's No. 6816

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:
752A Aubert Avenue /
(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: 000

(a) State Missouri (b) County 17 / 2
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 752A Aubert Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Wm.~~ William Henry Burkhardt
3. (b) If veteran, name war
3. (c) Social Security No. 497-01-4567

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Hulda Burkhardt
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 2 (Month) 2 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	59	6	9	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Watchman
11. Industry or business W.N.Matthews Corp.

FATHER
12. Name Benjamin Burkhardt 4
13. Birthplace "Ocean" Enroute from Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Neibert
15. Birthplace Louisville (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Hulda Burkhardt
(b) Address 752a Aubert Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4014 Lindell Blvd.
19. (a) 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1942 hour 12 Noon minute M.
21. I hereby certify that I attended the deceased from Feb. 6, 1942, to Aug. 11, 1942 that I last saw him alive on Aug 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs?
Due to Chronic Nephritis	6 yrs?
Due to Arteriosclerosis	15 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 0
23. Signature W. H. Johnson (M. D. or other)
Address 2435 N. Grand Ave Date signed 8/13/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Kutter

Licensed Embalmer No. 3880

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.