

MAR 20 1943 318  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2367

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Mo.  
(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. (Specify whether

In this community ..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Joseph Burkett

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

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

6. (b) Name of husband or wife Phoebe Burkett 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October 29, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 10 If less than one day ..... hr. .... min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Joseph Burkett  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Forth  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Phoebe Burkett

(b) Address 4248 West Pine

17. (a) Burial (b) Date thereof 3/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zenia, Ill.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 11 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4248 West Pine  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1943 hour 1.45 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 5-18-42  
....., 19....., to 3-9-....., 19.....  
that I last saw him alive on 3-9-....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
obstruction of sigmoid  
Due to anular cancer  
of sigmoid  
Due to Hb  
Other conditions Dangerous heredity  
(Include pregnancy within 3 months death)

Major findings: Intestinal obstruction  
Of operations Specimen beyond  
Of autopsy Intestinal cancer

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) (c) Means of injury  
23. Signature J. F. Bredeck (Ink, D. or other)  
Address 3720 Washington Date 3-11-43

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

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**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.....

*Thomas Eynck*

Licensed Embalmer No.....

*1284*

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.**