

FILED

SEP 25 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2130

1. PLACE OF DEATH:
 (a) County St. Louis Co.
 (b) City or town VINITA PARK
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2344 North and South Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 76 Years 7 Mons 12 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis Co. VINITA P.K.
(If outside city or town limits, write "RURAL")
 (d) Street No. 2344 N. & S. Road
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Burckhardt

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 9 day 19
 year 43 hour 3 minute AM

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

21. I hereby certify that I attended the deceased from Sept 1, 1943, to Sept 19, 1943
 that I last saw him alive on Sept 18, 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 2 7 1867
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis
 Duration 2 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>12</u>	_____ hr. _____ min.

Due to acute myocarditis
 Due to _____

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

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

10. Usual occupation Chemist

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN 131 P
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 { 12. Name Albert Burckhardt
 { 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Anna Maria Sprya
 { 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Burckhardt
 (b) Address 2344 North and South Rd.

17. (a) Burial (b) Date thereof 9 21 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Woodhart & Woodhart
 (b) Address 2228 St. Louis Ave.

19. (a) SEP 22 1943 (b) J. Mc. Larran
(Date received local registrar) (Registrar's signature)

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. A. Schumacher (M. D. or other)
 Address 8816 St. Charles Date signed _____

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

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 Maria A. Cochran
Licensed Embalmer No. 3949
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.