S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 38986

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11513

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:
1424 Mallinckrodt /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 1424 Mallinckrodt Str
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John B Burrichter

3. (b) If veteran, name war

3. (c) Social Security No. 490-12-7216

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 15 (Day) Th 1916 (Year)

8. AGE: Years 29 Months 4 Days 13 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business

FATHER
12. Name John A Burrichter
13. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Herkenhorf
15. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Anna Burrichter
(b) Address 1424 Mallinckrodt Str 1945

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 31 (Day) St (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) DEC 28 1945 (Date received local Registrar) (b) J. O. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 28 day
year 1945 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1945 to Dec 28, 1945 that I last saw him alive on Dec 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to

Due to

Other conditions Epilepsy
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. A. Kier M.D. (M. D. or other)

Address 3901 W Florissant Date signed 12/28/45

(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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.