

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14252

State File No. \_\_\_\_\_

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 30

1. PLACE OF DEATH:

- (a) County Laseenale  
(b) City or town Hermann Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 83 years (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME FRED BURKHARDT

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carrie Burkhardt 6. (c) Age of husband or wife if  
alive 85 years  
7. Birth date of deceased Feb. 18 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Fred Burkhardt  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant My Carrie Burkhardt  
(b) Address Hermann Mo.

17. (a) Burial (b) Date thereof Dec. 23 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Hermann Mo.

18. (a) Signature of funeral director E. G. Rhodius

- (b) Address Hermann Mo.

19. (a) 12/22/47 (b) Edmund R. Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Laseenale  
(c) City or town Hermann Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from  
March 10 1946 to Dec. 18 1947  
that I last saw him alive on Dec. 18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis

Due to \_\_\_\_\_

Arteriosclerosis

Due to \_\_\_\_\_

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 sta-  
tistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature E. G. Rhodius (M. D. or other)  
Address Hermann Mo. Date signed 12/22/47

87-51-1  
100-100-100  
100-100-100  
100-100-100

100-100-100

# 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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. Rudiger  
Licensed Embalmer No. 2044  
P. O. Address Bernham 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.