

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

FILED APR 5 1948  
Registration District No. 7

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Pine Crest Home  
(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:

(a) State Missouri (b) County St Louis

(c) City or town Manchester  
(If outside city or town limits, write "RURAL")

(d) Street No. Pine Crest Home #2  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME MARTIN BURKHARD

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1948 hour 3 minute 22 P.M.

21. I hereby certify that I attended the deceased from January 4th, 1948 to March 18, 1948  
that I last saw him alive on March 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Duration.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased: February 8 1886  
(Month) (Day) (Year)

Due to.....

Due to..... 93d

Other conditions: Arterio Sclerosis  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>10</u>	..... hr. .... min.

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

10. Usual occupation Ret

11. Industry or business.....

12. Name Widow

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

14. Maiden name.....

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

16. (a) Informant Pine Crest Records  
(b) Address Manchester, Mo

17. (a) Burial (b) Date thereof 3/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Paul Cen

18. (a) Signature of funeral director Preyer-Pfeitzinger  
(b) Address Kirkwood & Fern, St Louis

19. (a) 3-26-48 (b) no  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of 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 3

23. Signature R. M. Jovan (M. D. or other)  
Address Manchester Mo Date signed 3

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 M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Wentwood Ave

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.