

No. 300
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FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3545

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>96</u> OR TOWN <u>Ellisville</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>Covert Lane</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Dale</u>		c. (Last) <u>Burkhardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>1</u> <u>1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 26-1930</u>		9. AGE (In years last birthday) <u>18</u> IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboratories worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Laboratories Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Burkhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Kesselring</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>			16. SOCIAL SECURITY NO. <u>486-32-0900</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Burkhardt Ellisville Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation of aspirated vomited material thrown and pinned to ground under automobile he was operating, on County Road B near Eureka, Mo.</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170.0</u> <u>0032</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis County, Mo. 96</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>1 1 49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Thrown & pinned under automobile he was operating</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Arnold J. Wellmann, 3rd Coroner.</u>				23b. ADDRESS <u>Clayton, Mo.</u>				23c. DATE SIGNED <u>1/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>Theresa L. Linger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schraeder Funeral Home Baldwin Mo.</u>					

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Theo. Schrader

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3066

P. O. Address _____

Ballerwin, 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.