No. 300
10.48

FILED OCT 19 1950
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Reg.# 89022

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35695

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2435

40-0 0

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF.BRKS,MO.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMINISTRATION HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY 0264
d. STREET ADDRESS (If rural, give location): 631 E. Capitol Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CARL; b. (Middle) B.; c. (Last) BURKETT

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-9-17
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): NEW BLOOMFIELD,MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: WILLIAM E. BURKETT
13b. MOTHER'S MAIDEN NAME: EDNA POWELL
14. NAME OF HUSBAND OR WIFE: IDA FERN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS ADDRESS: mHeff,Brks,Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC GLOMEROLONEPHRITIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIO-VASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 593 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *I attended the deceased from* 10-9-50, 19__, *to* 10-10-50, 19__, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 9:40AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] Acting Chf.Prof.Services
23b. ADDRESS: VA Hospital,Jeff.Brks,Mo.
23c. DATE SIGNED: 10-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal
24b. DATE: OCT 11, 1950
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON CITY, MISSOURI

DATE REC'D BY LOCAL REG.: OCT 10 1950
REGISTRAR'S SIGNATURE: [signature] MD/mh
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.HOFFMEISTER U&L COMPANY,St.Louis,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1950

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.....

Student Embalmer

Signed [illegible] Schermacher

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

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.