

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9766**
Registrar's No. **2049**

FILED MAR 24 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3737 California Av.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pronounced dead at City Hospital		e. STREET ADDRESS 24	
3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle)		c. (Last) Burkhardt	
4. DATE OF DEATH Mar 3 - 52		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH January 7, 1882		9. AGE (In years last birthday) 70 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) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Ely Walker Co.	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Burkhardt		13b. MOTHER'S MAIDEN NAME Mary Ameis	
14. NAME OF HUSBAND OR WIFE Cecilia Burkhardt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Burkhardt	
ADDRESS 3520 So. Jefferson Av.			

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
DUE TO (b)		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cerebral & chronic		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	

22. I hereby certify that I attended the deceased from **1952** to **1952**, that I last saw the deceased alive on **1952**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patric E Taylor Cor. 3		23b. ADDRESS 1900 Clark		23c. DATE SIGNED 3.4.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5, 1952		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St.	

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

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18 Missouri

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, 18 Missouri

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.