

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14103

State File No. _____
Registrar's No. 3215

FILED MAY 3- 1952

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4000			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If rural, give location) R R #9 Box 632					
3. NAME OF DECEASED (Type or Print) a. (First) CAROLYN		b. (Middle) A.		c. (Last) BURKART			
4. DATE OF DEATH (Month) (Day) (Year) Apr. 4 1952		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 18, 1876		9. AGE (In years last birthday) 75			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist (Retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Edward H. Burkart		13b. MOTHER'S MAIDEN NAME Caroline Ruhling			
14. NAME OF HUSBAND OR WIFE		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. None			
17. INFORMANT'S SIGNATURE OR NAME Ferdinand O. Burkart		ADDRESS RR#9 Box 632					
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) FRACTURE PATHOLOGICAL RT FEMUR & LT TIBIA. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA, BREAST DUE TO (c) GENERALIZED METASTASES II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 34 days ? ?	
19a. DATE OF OPERATION 3-15-52		19b. MAJOR FINDINGS OF OPERATION PATHOLOGICAL FRACTURE		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST LOUIS MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-10-52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FELL GOING TO BATHROOM			
22. I hereby certify that I attended the deceased from 3-10, 1952, to 4-4, 1952, that I last saw the deceased alive on 4-4-52, and that death occurred at 11:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. Otto Lottes		23b. ADDRESS 16 Hampton Rd		23c. DATE SIGNED 4/4/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ariegshauer		ADDRESS 4228 S. Kingshighway Bl.			
DATE REC'D BY LOCAL REG. APR 7 1952		REGISTRAR'S SIGNATURE Carl Smith		ADDRESS mjb (Licensed Embalmer's Statement on Reverse Side)			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 42281

P. O. Address 42281, King Highway

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.