

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2919

State File No. _____

FILED JAN 28 1953

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 35

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 35	
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, 2089			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pronounced dead City Hospital				d. STREET ADDRESS (If rural, give location) 1059 GIMBLIN AVE 0			
3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS		b. (Middle) _____		c. (Last) BURRICHTER		4. DATE OF DEATH (Month) (Day) (Year) JAN, 1, 1953	
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 1		8. DATE OF BIRTH 9/27/1878	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDNER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI U	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BARNEY BURRICHTER		13b. MOTHER'S MAIDEN NAME CATHERINE WILLEMS		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 ADDRESS LOUISE BURRICHTER 1059 GIMBLIN AVE			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of spinal cord; Amputation of left leg. Multiple fractures, suffered when struck by car operated by one Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Mentin J. Schiess an always age 1000 ft west of West Harris out DUE TO (c) about 35 and Jan 1, 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Either accidental or the result of criminal carelessness could not be determined				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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? E8124					
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 358 m., from the causes and on the date stated above. 25							
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1. 3. 53	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 1/5/53		24c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEMETERY		24d. LOCATION (City, town, or county) (State) FLORISSANT MO.	
DATE REC'D BY LOCAL REG. JAN 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Albert Mayfield

Licensed Embalmer No.

3077

P. O. Address

St Louis 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.