

# STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2655

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carsonville</b>	c. LENGTH OF STAY (In this place) <b>4 years</b>	c. CITY OR TOWN <b>Carsonville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4318 Carson Road</b>		e. STREET ADDRESS (If rural, give location) <b>4318 Carson Road.</b>	

3. NAME OF DECEASED (Type or Print) <b>MARY M. BURKHARDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 13, 1953</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWER DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 9, 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>William Major</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Bradley</b>	14. NAME OF HUSBAND OR WIFE <b>Emil Burkhardt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emil Burkhardt Jr.</b>	ADDRESS <b>4506 Jennings Road</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardio-Vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>over 2 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>congestive failure</b>		<b>1 wk</b>
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Thrombophlebitis</b>		<b>3 mo.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>443X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1951 to 13 Oct, 1953, that I last saw the deceased alive on 12 Oct, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Eugene W. Hall, M.D.</b>	23b. ADDRESS <b>25 So Florissant Rd</b>	23c. DATE SIGNED <b>14 Oct 53</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 15, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10/14/53</b>	REGISTRAR'S SIGNATURE <b>Walter B. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shepard Funeral Home, 1167 Hamilton Ave.</b>	ADDRESS
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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.....  
Signature of Student Embalmer

Signed *Robert M. Murray*  
Licensed Embalmer No. *2749*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.