

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35202

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9009**

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) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) LIFE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4600 PENROSE - ST.		e. STREET ADDRESS (If rural, give location) 4600 PENROSE - ST.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) GLADYS	b. (Middle)	c. (Last) BURKEMPER	(Month) OCT.	(Day) 4TH	(Year) 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 10TH 1891	9. AGE (in years last birthday) 62 YRS.	10. MONTHS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BENJAMIN-F.-SHIVELY	13b. MOTHER'S MAIDEN NAME ANNA - GRACE	14. NAME OF HUSBAND OR WIFE CLEMENT. BURKEMPER (DECD.)
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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) NONE NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Helen Schurman 3829 1/2 Iowa Ave	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic cirrhosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acites		

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) 581.0
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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?
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22. I hereby certify that I attended the deceased from 10-10-52 to 10-4-54, 1954, that I last saw the deceased alive on 10-3-1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Paul H. Chopman M.D.	(Degree or title)	23b. ADDRESS 3518 Dodier	23c. DATE SIGNED Oct. 4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT. 7TH 1954	24c. NAME OF CEMETERY OR CREMATORY IMACULATE CONCEPTION CEM.	24d. LOCATION (City, town, or county) (State) OLD-MONROE. MO.
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DATE REC'D BY LOCAL REG. OCT 5 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Brockland	ADDRESS Ind. Co. 1827-HOGAN-ST.
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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.....
Licensed Embalmer No. 71
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.**