

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16505**
4205

FILED MAY 25 1955

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

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 ILLINOIS COUNTY MACOUPIN	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN STAUNTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION EN ROUTE HOSPITAL		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) BRENT c. (Last) BURKHARDT		4. DATE OF DEATH (Month) (Day) (Year) MAY 11 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 25, 1924
9. AGE (In years last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO ANNOUNCER	10b. KIND OF BUSINESS OR INDUSTRY RADIO
11. BIRTHPLACE (City and State or Foreign Country) STAUNTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.-S.-A.	
13a. FATHER'S NAME HAROLD BURKHARDT		13b. MOTHER'S MAIDEN NAME AMY WEIGEL	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Harm Burkhardt Staunton, Ill. ADDRESS 919 W. PEARL	
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) Asphyxiation due to drowning suffered when found in Mississippi River at the foot of Davis Street, on May 11 1955 DUE TO (b) about 3:35 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death. open verdict	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION open verdict	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, OR HOMICIDE open verdict	
21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 11 1955 3:35 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? oed		E9298	
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 3:35 pm , from the causes and on the date stated above. 42			
23a. SIGNATURE Patrick L. Taylor (If agree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.12.55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE MAY 13-55		24c. NAME OF CEMETERY OR CREMATORY MON TROSE CEM. GREEN VILLE, ILL.	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Nantman ADDRESS Staunton, Ill.	
DATE REC'D BY LOCAL REG. MAY 12 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

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

no Embalm
Signed.....*J. W. Stanton*.....

Licensed Embalmer No...*338*..

P. O. Address...*Stanton*..

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.