No. 300
10-48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6234

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1056

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 3 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 9

e. STREET ADDRESS (If rural, give location) 3635 Oregon 24 224 10

3. NAME OF DECEASED (Type or Print)
a. (First) Frederick
b. (Middle) A
c. (Last) Burhenne

4. DATE OF DEATH (Month) (Day) (Year) 1-28-1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2
8. DATE OF BIRTH 1-1-1874
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Ripe Co
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 10
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unnown
13b. MOTHER'S MAIDEN NAME Unnown
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give dates of service) None
16. SOCIAL SECURITY 494-09-8123
17. INFORMANT'S SIGNATURE OR NAME Dorothy Turner ADDRESS 3635 Oregon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular thrombosis
Cerebrovascular thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
cerebral arteriosclerosis
DUE TO (c) Senility Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
hypostatic pneumonia
Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~334~~ 332
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1956 *to* Jan 28, 1956, *that I last saw the deceased alive on* Jan 28, 1956 *and that death occurred at* 11/50 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE A.D. Hoffmann (Degree or title) M.D.
23b. ADDRESS 16 Hampton Village
23c. DATE SIGNED 1/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-31-1956
24c. NAME OF CEMETERY OR CREMATORY Friedens Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. JAN 31 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE ADDRESS 3819 So Grand Blvd

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4611

P. O. Address Alam 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.