

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11881

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>	
b. CITY OR TOWN <u>Aftton</u>		b. COUNTY _____	
c. CITY OR TOWN <u>Aftton</u>		c. CITY OR TOWN <u>High Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9405 LaVerne</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS _____		e. STREET ADDRESS (If rural, give location) <u>Local</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emma</u>	b. (Middle) _____	c. (Last) <u>Burkart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 24, 1865</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR 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) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph (deceased)</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Matthew Burkart</u>	ADDRESS <u>8248 McKenzie</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>de dilation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic atherosclerosis</u> DUE TO (c) <u>Heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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 Jan 3, 1950, to 3/13, 1956, that I last saw the deceased alive on 3/13, 1956, and that death occurred at 5:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Greubel M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>717 Lemay Ferry Rd</u>	23c. DATE SIGNED <u>3/14/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-14-56</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein &amp; Sons</u>	ADDRESS <u>7027 Gravois</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Donald E. Benz* .....

Licensed Embalmer No..... *4* .....

P. O. Address..... *7027* .....

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