

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014768
STATE FILE NUMBER
Registrar No. **2 3699**

FILED MAY 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2 3699**

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS 6106 Washington St.	
Length of stay in lb 5 days		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Amos	Middle Franklin	Last Burkett	Month Apr.	Day 13,	Year 1959

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 31, 1913	9. AGE (In years) 46	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Dye maker		10b. KIND OF BUSINESS OR INDUSTRY Fischer Body.	11. BIRTHPLACE (City and state or country) May, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Elmer F. Burkett	13b. MOTHER'S MAIDEN NAME Elsie M. Hall	14. NAME OF HUSBAND OR WIFE Carlene Burkett
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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) No	16. SOCIAL SECURITY NO. 251-07-1849	17. INFORMANT Carlene Burkett, Berkeley, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		4-5 DAYS
IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) PULMONARY METASTASES, LEFT LUNG WEEKS	
	DUE TO (c) BRONCHOGENIC CANCER, RIGHT LUNG 4 MOS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMATIA, FISTULA, POST-PNEUMONECTOMY		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 162.1
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20c. TIME OF INJURY	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from JAN. 59 to 4/13/59 and last saw her/him alive on 4/12/59
Death occurred at 6:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard W. Yopp (Degree or title)	22b. ADDRESS 4952 MARYLAND AVE.	22c. DATE SIGNED 4/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-15-59	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)
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24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson	25. DATE RECD. BY LOCAL REG. APR 14 '59	26. REGISTRAR'S SIGNATURE Roald Smith, M.D.
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mdb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

the year
4952 Maryland Ave
2-4

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 *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address *Ferguson*

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.