

REC'D JUN 9 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17063
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST. LOUIS** (d) Street No. **1297 AMHERST** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE T. BURDEAU **650**
(a) Residence, No. **1297 AMHERST** St. **K**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 24, 1928**

7. AGE YEARS **10** MONTHS **2** DAYS **4** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **SCHOOL BOY**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

FATHER 13. NAME **GEORGE T. BURDEAU Jr.**

14. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

MOTHER 15. MAIDEN NAME **ELEANOR WALSH**

16. BIRTHPLACE (CITY OR TOWN) **PENNSYLVANIA** (STATE OR COUNTRY)

17. INFORMANT **GEORGE T. BURDEAU** (ADDRESS) **1297 AMHERST PLACE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMT.** DATE **5-30-38**

19. FUNERAL DIRECTOR **ARTHUR J. DONNELLY** (ADDRESS) **3840 LINDELL BLVD.**

20. FILED **MAY 28 1938** **J. D. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **27 May 1938**

22. I HEREBY CERTIFY, That I attended deceased, from **12 May 1938**, to **27 May 1938**. I last saw him alive on **10 PM May 26, 1938**. Death is said to have occurred on the date stated above, at **2, A. m.**

The principal cause of death and related causes of importance were as follows:

Acute myocardial dilatation caused by streptococcal infection

Other contributory causes of importance: **1150**

Streptococcal infection caused by sore throat, non diphtheritic

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **John P. Rule**, M. D.

(Address) **1023 W. Grand Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

