AR 10 1939

REC'D APR 6 1939

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

12396
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County
(b) Township or (c) City Jefferson Barracks
Registration District No. 784
Primary Registration District No. 3-01
Registered No. 443
(d) Street No. Veterans Administration Facility 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.

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2. PRINT FULL NAME William D. Burdick,
(a) Residence, No. 1416 Montgomery St., St. Louis, Mo. St.
(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1866

7. AGE: Years 73; Months 1; Days 9; If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grayville, Illinois.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Clara Schlichting
(ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE May 11, 1939

19. FUNERAL DIRECTOR (NAME) Goodhart & Goodhart
(ADDRESS) 2228 N. Lucas ave

20. FILED MAR 10 1939 D. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939 to March 9, 1939.
I last saw him alive on March 9, 1939 Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active (B).	Unkn.
Other contributory causes of importance:	
Malnutrition.	Unkn.
Arteriosclerosis with myocardial disease.	Unkn.

Name of operation none. Date of —
What test confirmed diagnosis? Phys. exam., laboratory findings. Was there an autopsy? no.

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?
If so, specify
(Signed) C. W. Hughes, M. D.
(Address) C. W. Hughes, M.D., Chief Medical Officer, Vet. Admin. Fac., Jeff. Barracks, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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.

PHYSICIAN OR ANYONE ATTENDING THE DEATH IS A PERMANENT RECORD

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 Charles J. Goodhart, Registered Apprentice No. ....., working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.