

REC'D MAY 10 1939

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

13123
Do not use this space.

791
1008

3465

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
or St. Louis Mo. (c) City..... (d) Street No. 3960 Itaska 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

Cecelia Katherine Bullerdick
(a) Residence, No. 3960 Itaska. St. 15
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1861.

7. AGE YEARS 77 MONTHS 54 DAYS 29 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H'wife.

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) 1938.

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo.

13. NAME Arthur Helms.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Mary Schrenmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Marie Sanders 3960 Itaska.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gerald Mo. DATE 4/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. HOPPE 4700 Washington Ave.

20. FILED APR 14 1939 J. Bullerdick local registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938, to April 11, 1939. I last saw him alive on April 11, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were as follows:

Heart Disease
Auricular fibrillation

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____ (Signed) Henry G. Haas, M. D. (Address) 1609 N. Grand St.

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.

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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