

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 7 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30144

State File No. _____
Registrar's No. 1519

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH: St. Louis
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town GREVE COVER,
(If outside city or town limits, write "RURAL")
(d) Street No. LAJUE & W. BALLAS
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 yrs. years.

3. (a) PRINT FULL NAME Herman Burgdorf 623
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 25
year 1939 hour 5 minute 50 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Julia Ritchen Burgdorf
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 8/17/39
_____, 19, to 8/25/39, 19,;
that I last saw h. im. alive on 8/25/39
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 5 1871
(Month) (Day) (Year)
8. AGE: Years 68 Months 3 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death	Duration
<u>Degenerative Heart Disease</u>	<u>3 yrs.</u>
Due to <u>Myocardial Insufficiency</u>	<u>3 yrs.</u>
Due to <u>Generalized arteriosclerosis</u>	<u>3 yrs.</u>
Other conditions (include pregnancy within 3 months of death)	
<u>93C</u>	

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
10. Usual occupation yard man

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

MOTHER FATHER {
11. Industry or business _____
12. Name Henry Burgdorf
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Herman Burgdorf
(b) Address 1915 Withwell St. Louis 10 Mo.
17. (a) Burial (b) Date thereof Aug 28 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation new St. Marys Cem

23. Signature M. S. Murphy (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 8/26/39
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Beiderweidens funeral home
(b) Address 1936 St. Louis Ave St. Louis
19. (a) AUG 26 1939 (b) M. S. Murphy
(Date received local registration) (Registrar's signature)

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

J. W. H. H. H. H.

Licensed Embalmer No. *3737*

P. O. Address *1936 S. Harris*

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

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