

Filed JUN 6 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1054

1. PLACE OF DEATH:
(a) County St. Louis
Rich. Hgts.
(b) City or town
(c) Name of hospital or institution
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Florence E. Bullerdick

3. (b) If veteran, name war. No 3. (c) Social Security No. 492-10-2867

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George O. Bullerdick 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June 20 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Brown Shoe Co.

12. Name Frank H Bucksat

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Heinz

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. O. Bullerdick

(b) Address 1902 Lucas & Hunt Road

17. (a) Burial (b) Date thereof 5/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 19 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 1902 Lucas & Hunt Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1941 hour 1 minute 30p M.

21. I hereby certify that I attended the deceased from 5/11/41
to 5/16/41, 19____; that I last saw her alive on 5/16/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (Acute)
Glomerular type.

Due to (2)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address North East Bldg Date signed 5/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

228

39
223159

130

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 *Frank H. Street*

Licensed Embalmer No. 2265

P. O. Address 4600 1/2 Bridge av

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

If this body is not embalmed, fact should be so stated above.

No. 2B
4-25-41
X27852

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19041

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1254

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rich. Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Florence E. Buelardick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 39 Months _____ Days _____ If less than one day _____ hr _____ min

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-19-41 (b) T. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month May day 16 - 41
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Respirator - acute

Due to Chronic unknown

did not follow acute

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature: C. P. Faulk (M. D. or other) _____

Address Humboldt, Pa. Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 8 1942

S-19041

1941