

FILED MAY 7 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3782

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2225 Market St 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St. Louis 21 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 Market St 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Burdine

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1  
year 1942 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

7. Birth date of deceased Apr (Month) 18 (Day) 52 (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>Apr</u>	<u>90</u>			hr. _____ min. _____

Generalized arteriosclerosis  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Widow

11. Industry or business \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
- Of operations \_\_\_\_\_  
- Of autopsy \_\_\_\_\_

MOTHER FATHER {

12. Name Widow

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

14. Maiden name Widow

15. Birthplace Widow (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

16. (a) Informant James J. Johnson

(b) Address 1309 Olive

17. (a) Autopsy Date thereof 4-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Reith

(b) Address 3590 Reith

19. (a) APR 28 1942 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

23. Signature Walter Perry (M. D. or other)

Address Walter Perry Date signed 4/16/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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, fact should be so stated above.**