V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37985

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2473

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Pine Crest Nurs & Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1916 Cherokee St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY BURGDORF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced D O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 28 (Day) 1864 (Year)

8. AGE: Years 78 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Burgdorf
13. Birthplace (City, town, or county) unk 9 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace (City, town, or county) unk unk 9 (State or foreign country)

16. (a) Informant Pine Crest Home Record
(b) Address Manchester, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W Richter
(b) Address 3500 Ritter St

19. (a) NOV 30 1942 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1942 hour 6 minute 53 A.M.

21. I hereby certify that I attended the deceased from November 6th, 1942 to November 10th, 1942
that I last saw her alive on November 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131

Duration

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

23. Signature R. N. Jansen (M. D. or other)
Address Manchester Mo Date signed 11/10/42

(Licensed Embalmer's Statement on Reverse Side)

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.