

S. No. 2
M-5-42
v. 5-17-39
X32873

FILED JAN 14 1943 318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
8409 N. Broadway
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

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

(d) Street No..... **1007 Wall Str.**
(If rural, give location)

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

991
8 17
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3. (a) PRINT FULL NAME **Roy Charles Burgdorf**

3. (b) If veteran, name war..... **NONE**

3. (c) Social Security No. **494-01-6930**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **2**
year **1943** hour **5** minute **45** P.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Elizabeth Burgdorf**

6. (c) Age of husband or wife if alive..... **52** years

7. Birth date of deceased..... **Dec. 16, 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12/12/42**
....., 19..... to **1/2/43**, 19.....
that I last saw him alive on **1/2/42**
and that death occurred on the date and hour stated above.
Immediate cause of death..... **Chronic myocarditis.**

8. AGE:	Years	Months	Days	If less than one day
	53	0	16hr.min.

Due to.....

Due to.....

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

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

10. Usual occupation..... **Machinist**

11. Industry or business..... **Brewery**

Major findings:
Of operations.....

Of autopsy.....

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

12. Name..... **Charles Burgdorf**

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

14. Maiden name..... **Maliss Fink**

15. Birthplace..... **Missouri**
(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..... **Mrs. Maliss Carter**

(b) Address..... **1007 Wall Str.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof..... **1/5/43**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary**

While at work?..... (Specify type of place)

(b) Means of injury.....

23. Signature..... **Albert [unclear]** (M. D. o.....)

Address..... **3109 S. [unclear]** Date signed **1/4/43**

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

(b) Address..... **2117 E. Grand Blvd.**

19. (a) **JAN 4 1943** (Date received local registrar)

(b) **J. J. [unclear]** (Registrar's signature)

Mr. Albert J. Grist
3409 So Grand
L.A. 0350

Rev. ~~W. E. Wright~~
4056 Tronca

Hud. 0885

1-3

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 A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.