

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 22 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9048**

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:  
**4106 DeTonty St**  
(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 **MO** (b) County **17**

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

(d) Street No. **4106 DeTonty**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **George F. Bullerdick**

3. (b) If veteran, name was **Spanish American** 3. (c) Social Security No. **493-10-6180**

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

6. (b) Name of husband or wife **Mary Bullerdick** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **February 8 1878**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Cutter**

11. Industry or business **Packard Mfg. Co**

MOTHER FATHER { 12. Name **Unknown**

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

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Bullerdick**

(b) Address **4106 DeTonty St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 16 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**

(b) Address **3029 Lafayette Ave**

19. (c) **OCT 14 1943** (Date received local registrar) **J. F. Bredon** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13<sup>th</sup>** year **1943** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept. 15** 1943 to **Oct 13** 1943 that I last saw him alive on **Oct 12** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Nephritis**

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

Other conditions (Include pregnancy within 3 months of death) **1/31**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury **0**

23. Signature **J. O. Palmer** (M. D. or other) Address **12501 Mt. Pleasant** Date signed **10/13/43**

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

---

---

**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 Francis J. Quinn  
Licensed Embalmer No. 7245  
P. O. Address St. Louis, Mo.

**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.**