

FILED DEC 29 1943  
Registration District No. 3918

Primary Registration District No. 1003

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: Missouri Baptist Hospital  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrian

(c) City or town Mexico  
(If outside city or town limits, write "RURAL")

(d) Street No. 922 W. Harwood Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Edwin Burdett

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Burdett

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 5 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	3	7	_____br. _____min.
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9. Birthplace Lexington Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Francis Burdett

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

{ 14. Maiden name Rosana Moon

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

16. (a) Informant Myrtle Burdett

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 12-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) DEC 13 1943 (b) J.F. Beedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 20  
1943 to Dec 11 1943;  
that I last saw him alive on Dec 11 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion

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

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

Other conditions Operation Prostatectomy Nov 29 43  
(Include pregnancy within 3 months of death)

Major findings: Small Hypertrophied prostate with atresia

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) (e) Means of injury \_\_\_\_\_

23. Signature J.F. Beedeck (M. D. or other) \_\_\_\_\_  
Address 958 W. 1st St. St. Louis Date signed 12/13/43

NR 1/2

Duration 3 mos.

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

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

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*Elmer G. Koffe*  
.....  
2971

..... 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.**