

FILED APR 20 1945 18

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

2123

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:  
2322a Dodier 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)

3. (a) PRINT FULL NAME Mr. Louis Bullerdieck

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Late Emma Bullerdieck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 9th. 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business

12. Name Henry Buellerdieck  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Zoltz  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry W. Harte

(b) Address 3841a Greer Ave. Burial  
(b) Date thereof 4-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. CO.

(b) Address 2223 St. Louis Ave.

19. (a) APR 14 1945 (Date received local registrar) J. F. Bullerdieck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2322a Dodier St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th.  
year 1944 hour 6:00 PM. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-24, 1943 to 4-10, 1944  
that I last saw her alive on 4-10-44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombus  
arterial sclerosis

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

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature E. A. Mulligan (M. D. or other)  
Address 2739 N. Grand St. Date signed 4-13-44

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

MOTHER FATHER

12-2

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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 John P. Buckholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis Ave

**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.**