

FILED DEC 7 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

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: City Hospital 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 years
years, months or days

3. (a) PRINT FULL NAME Daniel G. Burdette
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertrude 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 1, 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace New Haven, Conn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Woodward Terney

12. Name James Burdette
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Murphy
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Terry
(b) Address 4576 Clayton

17. (a) Burial (b) Date thereof Nov. 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 S. Grand
19. (a) NOV 23 1945 J. F. Presack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4576 a Clayton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 21
year 1945 hour 5 minute 10 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Crown Thrombosis
Due to 94
Other conditions _____
(Include pregnancy within 3 months of death)

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)
(e) Means of injury _____
23. Signature Doris E. Taylor (M. D. or other)
Address Key Date signed 11/23/45

OCT 30 1946

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.