

FILED AUG 27 1946
318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 7238

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 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME Charlotte Burgdorf

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Frank R. Burgdorf
6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 14 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name August Allerdissen

13. Birthplace St. Louis County MO.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Schewe

15. Birthplace St. Louis County MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Burgdorf

(b) Address 3154 Alfred Ave.

17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20 Street

19. (a) AUG 20 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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. 1440 Obear Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Aug. 9 1946 to August 19 1946
that I last saw her alive on August 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Duration 9 days

Due to Myocarditis 2 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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) (e) Means of injury

23. Signature F. J. Brebeck (M. D. or other)
Address 2249 St. Louis ave Date signed 8/20

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

27349

Dr King 2249 St Louis

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.