

FILED MAR 11 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1890**

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3601a Paris Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 75 Years
 years, months or days)

3. (a) PRINT FULL NAME Anna C. Bullerdick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) ~~Single~~ Widowed ~~Married~~ Widowed

6. (b) Name of husband or wife Late George H. Bullerdick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7th 1871
 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, - Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Harry Gieselmann

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

14. Maiden name Anna Fuese

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant George Bullerdick

(b) Address 3601a Paris Ave.

17. (a) Burial (b) Date thereof Feb. 25th 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 24 1947 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Saint Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3601a Paris Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-23, 1945, to _____, 19____;
 that I last saw her alive on 2-15, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic Myocarditis
Arteriosclerosis
& Hypertension
 Due to Senility

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?
 (Specify type of place)

(While at work? _____) (e) Means of injury _____

23. Signature J. G. Moore M. D. or other _____
 Address 7301 Natural Bridge Rd. Date signed 2-24-47

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

MOTHER FATHER

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.....

Ralph C. Linden

Licensed Embalmer No. *4225*

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.