

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **24660**
 Registrar's No. **6553**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE 1003 a. STATE Missouri				b. COUNTY _____ deceased lived. If institution: residence before admission.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 32 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 2905a Kossuth Ave.					
3. NAME OF DECEASED (Type or Print) LOUIS			a. (First) _____		b. (Middle) W		c. (Last) BURGDORF		
4. DATE OF DEATH		(Month) July		(Day) 27		(Year) 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH May 26 1879			
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____		Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man			10b. KIND OF BUSINESS OR INDUSTRY Carburetor Mfg.		11. BIRTHPLACE (State or foreign country) Red Bud, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Burgdorf			13b. MOTHER'S MAIDEN NAME Henriatta Wilms			14. NAME OF HUSBAND OR WIFE Marie C. Valentin Burgdorf			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 493-10-4569		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie C. Burgdorf, 2905a Kossuth			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas							
		ANTECEDENT CAUSES with metastasis.							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) Mo	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15 ft fall					
22. I hereby certify that I attended the deceased from 23 July 1949 , to 27 July 1949 , that I last saw the deceased alive on 27 July 1949 , and that death occurred at 1:05 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Edw. W. Gebweiler M.D.				(Degree or title) _____		23b. ADDRESS 3701 Franklin Square		23c. DATE SIGNED 7/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Missouri		(State) _____	
DATE REC'D BY LOCAL REG. JUL 29 1949		REGISTRAR'S SIGNATURE J. B. Fasano			25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F. HOME, INC.				
					ADDRESS 1936 St. Louis Ave				

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

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Maalke Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 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.