MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14059

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3385

City St Louis Mo (No. 1444 Madison St. St. ..... Ward)

2. FULL NAME Edward F. Bullerdick

(a) Residence. No. 1444 Madison St. St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	8	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shiping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Carr Trombley

(c) Name of employer Mfg. Co.

31 4

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

1

PARENTS

10. NAME OF FATHER Henry Bullerdick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

10

12. MAIDEN NAME OF MOTHER Mary Heckenberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT Della Bullerdick
(Address) 1444 Madison St.

15. FILED ....., 19.. Max C. Starkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1929, to April 2nd, 1930 that I last saw him alive on April 2nd, 1930, and that death occurred, on the date stated above, at 5 - P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of the liver.
124B
75B
Chronic (duration) yrs. 11 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Alcoholism.
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12 A

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Aug Ellersieck, M. D

4/3, 1930 (Address) #3505 M Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Friedens	April 5 1930
20. UNDERTAKER	ADDRESS 1417
Hy Leidner Und Co.	N. Market So.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.