WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37571

File No.

Registered No. 10247

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10155

City St Louis (No. City Hospital St. Ward)

2. FULL NAME #13894 Frank Burdock

(a) Residence, No. 2307 Division 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12 - 1910

7. AGE: YEARS 22 | MONTHS 11 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Michael Burdock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME: Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: 11/22 1932

19. UNDERTAKER (ADDRESS): Central Utg Co 1841 Cass Ave

20. FILED: NOV 21 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19th, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 14th, 1932, to Nov. 19th, 1932

I last saw him alive on Nov. 19th, 1932. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary	
Tuberculosis	
23A	

Other contributory causes of importance:

Tuberculosis of larynx

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice A. Diehl, M. D.

(Address) City Hospital