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NOV 9 1935

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

Do not use this space.

34180
8603

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **2924**, **Glasgow**)

File No.
Registered No.
St. Ward)

2. FULL NAME

Louise Burdick
(a) Residence, No. **2924 Glasgow** St. **20** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilfried B. Burdick		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1859		
7. AGE	YEARS 77	MONTHS 5
	DAYS 9	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

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

13. NAME **Henry Coertner**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

15. MAIDEN NAME **Winkerson**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Chas. B. Burdick**
(ADDRESS) **2924 Glasgow**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Bethelhem** DATE **Oct. 14 1935**

19. UNDERTAKER **Reiderwiden Funeral Home**
(ADDRESS) **1936 St. Louis**

20. FILED **14 1935**

J. T. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 11 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6** 19**35** to **Oct. 11** 19**35**.
I last saw her alive on **Oct. 11** 19**35**. Death is said to have occurred on the date stated above, at **6:00 p.m.**
The principal cause of death and related causes of importance were as follows:

Uremia
131
Date of onset

Other contributory causes of importance:

nephritis, chronic

Name of operation **none** Date of
What test confirmed diagnosis? **none** 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 **none**.

(Signed) **R. S. Burdick**, M. D.
(Address) **4158 Kefauver**

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.

THIS IS A PERMANENT RECORD

