

OCT 1 4 1937

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

32848
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary.** St. **Life**
(e) Length of residence in city or town where death occurred **Life** mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **8902**2. PRINT FULL NAME **Lena Bullerdick,**

(a) Residence, No. **5800 Arsenal St.** St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **John Bullerdick**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14, 181864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 **73** **2** **9**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HWK.**

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **St. Louis, Missouri.**

13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis MO**

15. MAIDEN NAME **Unknown.**

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

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Sept. 27, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **J. Bredeek** Local Registrar.

SEP 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 23, 37**

22. I HEREBY CERTIFY, That I attended deceased from **July 22,** 19 **37** to **September 22,** 19 **37**

I last saw her alive on **September 22,** 19 **37** Death is said to have occurred on the date stated above, at **1:45 m. P.M.**

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

Chronic Myocarditis

Date of onset

Arterio-sclerosis

Other contributory causes of importance:

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?
If so, specify **None** M. D.

(Signed) **Henry J. Ulrich** M. D.
(Address) **St. Louis**

STATEMENT BY LICENSED EMBALMER

I, *Samuel Hampton*, Licensed Embalmer No. *2967*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *JM*

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Samuel Hampton*

Licensed Embalmer No. *2967*

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.)